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Report
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ADOLESCENT PREGNANCY PREVENTION, CARE, AND RESEARCH GRANTS ACT OF 1989

August 3 (legislative day, January 3), 1989.—Ordered to be printed

Mr. Kennedy, from the Committee on Labor and Human Resources, submitted the following

REPORT

together with

MINORITY VIEWS

[To accompany S. 120]

The Committee on Labor and Human Resources, to which was referred the bill (S. 120) to amend the Public Health Service Act to reauthorize adolescent family life demonstration projects, and for other purposes, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and recommends that the bill (as amended) do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

39-010

★ (Star print)

89-S543-10

SECTION 1. SHORT TITLE.

This Act may be cited as the "Adolescent Pregnancy Prevention, Care, and Research Grants Act of 1989".

SEC. 2. ADOLESCENT PREGNANCY PREVENTION, CARE, AND RESEARCH GRANTS.

Title XX of the Public Health Service Act (42 U.S.C. 300z et seq.) is amended to read as follows:

"TITLE XX—ADOLESCENT PREGNANCY PREVENTION, CARE, AND RESEARCH GRANTS

"SEC. 2001. FINDINGS AND PURPOSES.

"(a) FINDINGS.—Congress finds that—

"(1) adolescents are at a high risk of unwanted pregnancy;

"(2) in 1986, more than 1,000,000 teenagers became pregnant, and nearly 500,000 teenagers carried their pregnancies to term, of which 6 out of 10 births were out of wedlock;

"(3) adolescents aged 17 and younger accounted for 46 percent of the out of wedlock births to teenagers;

"(4) in a high proportion of cases, the pregnant adolescent is herself the product of an unmarried parenthood during adolescence and is continuing the pattern in her own lifestyle;

"(5) pregnancy and childbirth among unmarried adolescents, particularly young adolescents, often results in severe adverse health, social, and economic consequences, including—

"(A) higher percentage of pregnancy and childbirth complications;

"(B) higher incidence of low birth weight babies;

"(C) higher infant mortality and morbidity;

"(D) greater likelihood that an adolescent marriage will end in divorce;

"(E) decreased likelihood of completing schooling; and

"(F) higher risks of unemployment and welfare dependency; and

therefore, education, training, and job research services are important for adolescent parents; and

"(6) an adolescent who becomes pregnant once is likely to experience rapid repeat pregnancies and childbearing, with increased risks;

"(7) research has shown that in cases in which there is a family involvement in comprehensive values-based projects and services—

"(A) low birth weight is significantly reduced;

"(B) delays in initiating sexual activity occur;

"(C) there are significant reductions in repeat pregnancy, welfare costs, and child abuse; and

"(D) teens are more likely to return and complete their high school education; and

therefore, the family should become a partner in the development of curriculum and programs that reflect the values of the community;

"(8) the problems of adolescent pregnancy and parenthood are multiple and complex and are best approached through a variety of integrated and essential services, particularly those that allow the pregnant adolescent and adolescent parent to stay in school;

"(9) such services, including a wide array of educational and supportive services, often are not available to the adolescents who need them, or are available but fragmented and thus of limited effectiveness in preventing pregnancies and future welfare dependency; and

"(10) Federal policy therefore should encourage the development of appropriate health, educational, and social services where they are now lacking or inadequate, and the better coordination of existing services where they are available in order to prevent unwanted early and repeat pregnancies and to help adolescents become productive, independent contributors to family and community life.

"(b) PURPOSES.—It is the purpose of this title—

"(1) to establish better coordination, integration, and linkages among existing programs in order to expand and improve the availability of, and access to, needed comprehensive community services that assist in preventing unwanted initial and repeat pregnancies among adolescents, enable pregnant adolescents to obtain proper care and assist pregnant adolescents and adolescent parents to become productive independent contributors to family and community life, with primary emphasis on services to adolescents who are 17 years of age and under and are pregnant or who are parents;

"(2) to expand the availability of such services that are essential to that objective;

"(3) to promote innovative, comprehensive, and integrated approaches to the delivery of such services;

"(4) to encourage and support research programs concerning the societal causes and consequences of pregnancy, childbearing, and child rearing for adolescent females and males;

"(5) to support evaluative research to identify effective services that reduce adolescent pregnancy rates and that improve the outcome of adolescent childbearing for the parents, the child, and their families; and

"(6) to encourage and provide for the dissemination of results, findings, and information from programs and research projects relating to adolescent pregnancy and parenthood.

"SEC. 2002. DEFINITIONS.

"For the purposes of this title:

"(1) ADOLESCENT.—The term 'adolescent' means an individual under the age of 21.

"(2) CARE SERVICES.—The term 'care services' means all services for the provision of care to pregnant adolescents and adolescent parents. Such term shall include all core services and may include supplementary services, in accordance with regulations prescribed by the Secretary.

"(3) CORE SERVICES.—The term 'core services' means those services that shall be provided by a grantee, as determined by the Secretary by regulation, which shall include—

"(A) pregnancy testing and maternity counseling, or referral for such services;

"(B) family planning services, except that such services for adolescents who are not already parents shall be limited to counseling and referral unless suitable and appropriate family planning services are not otherwise available in the community;

"(C) primary and preventive health services, including prenatal and postnatal care for mother and children and arrangements for delivery;

"(D) nutrition information and counseling;

"(E) referral for screening and treatment of sexually transmitted diseases, including acquired immunodeficiency syndrome;

"(F) referral to appropriate pediatric care;

"(G) educational services relating to sexuality and family life, including—

"(i) education on responsible decisionmaking regarding sexual activity;

"(ii) education on the responsibilities of parenting;

"(iii) education on a full range of means for delaying becoming pregnant, including contraception, natural family planning, and abstinence; and

"(iv) assistance to parents, schools, youth agencies, and health care providers to educate adolescents and pre-adolescents concerning self-discipline and responsibility in human sexuality;

"(H) referral to appropriate educational, employment, and vocational services;

"(I) adoption counseling services, that present adoption as an option for pregnant adolescents, or referral to a licensed adoption agency for adoption counseling;

"(J) mental health services and referral to mental health services and to other appropriate physical health services; and

"(K) encouragement of parent and family involvement in each of the core services described in subparagraphs (A) through (J).

"(4) ELIGIBLE GRANT RECIPIENT.—The term 'eligible grant recipient' means a public or nonprofit private organization or agency that demonstrates, to the satisfaction of the Secretary—

"(A) in the case of an organization that will provide care services, the capability of providing all care services in a single setting or the capability of creating a network through which all care services would be provided; or

"(B) in the case of an organization that will provide prevention services, the capability of providing such services.

"(5) **Eligible Person.**—The term 'eligible person' means—

"(A) with regard to the provision of care services, a pregnant adolescent or an adolescent parent; or

"(B) with regard to the provision of prevention services and referral to such other services that may be appropriate, an adolescent who is not already a parent.

"(6) **Prevention Services.**—The term 'prevention services' means services described in subparagraphs (B) and (G) of paragraph (3) and referrals to such other services that may be appropriate for adolescents who are not already parents and includes services to be offered in schools at local discretion.

"(7) **Secretary.**—The term 'Secretary' means the Secretary of Health and Human Services.

"(8) **Supplemental Services.**—The term 'supplemental services' means those services that may be provided by a grantee, as determined by the Secretary by regulation, which may include—

"(A) child care sufficient to enable the adolescent parent to continue education or to enter into employment, including services to be provided within secondary schools at local discretion;

"(B) consumer education and homemaking;

"(C) counseling for the immediate and extended family members of the eligible person;

"(D) transportation;

"(E) referral to licensed residential care or maternity home services;

"(F) referral to licensed adoption agencies for adoption placement services;

"(G) employability training and counseling; and

"(H) such other services as are consistent with this title as the Secretary may approve in accordance with regulations promulgated by the Secretary.

"SEC. 2003. AUTHORITY TO MAKE GRANTS FOR SERVICES.

"The Secretary may make grants to provide care services to pregnant adolescents and adolescent parents and prevention services to nonpregnant adolescents. Grants shall be used to provide, supplement, or improve the quality of such services.

"SEC. 2004. USE OF GRANTS FOR SERVICES.

"(a) **Uses.**—A grant made under this title may be used to—

"(1) provide eligible persons—

"(A) care services;

"(B) prevention services; or

"(C) any combination of care and prevention services;

"(2) coordinate, integrate, and provide linkages among providers of care, prevention, and other services for eligible persons in furtherance of the purposes of this title;

"(3) provide supplemental services where such services are not adequate or not available to eligible persons in the community and that are essential to the care of pregnant adolescents and to the prevention of adolescent pregnancy;

"(4) plan, for a period of not more than 1 year, for the administration and coordination of pregnancy prevention services and programs of care for pregnant adolescents and adolescent parents that will further the objectives of this title; and

"(5) fulfill assurances required for grant approval by section 2006.

"(b) **Fees.**—Grantees shall charge fees for services only pursuant to a fee schedule, approved by the Secretary as a part of the application described in section 2006, that bases fees charged by the grantee on the income of the eligible person and takes into account the difficulty adolescents face in obtaining resources to pay for services. In no case may a grantee discriminate with regard to the provision of services to any individual because of that individual's inability to provide payment for such services.

"SEC. 2005. PRIORITIES, AMOUNTS, AND DURATION OF GRANTS FOR SERVICES.

"(a) **Priorities.**—In approving applications for grants for services under this title, the Secretary shall give priority to applicants who—

"(1) serve an area where there is a high incidence of adolescent pregnancy;

"(2) serve an area with a high proportion of low-income families and where the availability of programs of care for pregnant adolescents and adolescent parents is low;

"(3) show evidence—

"(A) in the case of an applicant who will provide care services, of having the ability to bring together a wide range of needed core services and, as appropriate, supplemental services in comprehensive single-site programs, or to establish a well-integrated network of such services (appropriate for the target population and geographic area to be served including the special needs of rural areas) for pregnant adolescents or adolescent parents; or

"(B) in the case of an applicant who will provide prevention services, of having the ability to provide prevention services for adolescents and their families that are appropriate for the target population and the geographic area to be served, including the special needs of rural areas;

"(4) will utilize to the maximum extent feasible existing available programs and facilities such as community health centers, child welfare agencies, children and youth centers, maternal and infant health centers, regional rural health facilities, licensed adoption agencies, maternity homes, school and other educational programs, family planning clinics, mental health programs, nutrition programs, recreation programs, and other ongoing pregnancy prevention and pregnancy-related services;

"(5) make use, to the maximum extent feasible, of other Federal, State, and local funds, programs, contributions, and other third-party reimbursements;

"(6) can demonstrate a community commitment to the program by making available to the program non-Federal funds, personnel, and facilities;

"(7) have involved the community to be served, including public and nonprofit private agencies, adolescents, and families, in the planning and implementation of the program; and

"(8) will demonstrate innovative and effective approaches in addressing the problems of adolescent pregnancy or parenthood, including approaches to provide pregnant adolescents with adequate information about adoption.

"(b) AMOUNTS.—

"(1) IN GENERAL.—The amount of a grant for a program for services under this title shall be determined by the Secretary, based on factors such as the incidence of adolescent pregnancy in the geographic area to be served, and the adequacy of pregnancy prevention services and programs of care for pregnant adolescents and adolescent parents in such area.

"(2) RURAL AREAS.—In making grants for services under this title, the Secretary shall consider the special needs of rural areas and, to the maximum extent practicable, shall distribute funds taking into consideration the relative number of adolescents in such areas in need of such services.

"(c) FEDERAL SHARE.—

"(1) IN GENERAL.—Subject to paragraph (3), a grant for services under this title may not exceed 75 percent of the costs of the program for any year.

"(2) FORM OF NON-FEDERAL CONTRIBUTIONS.—Non-Federal contributions required by paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

"(3) WAIVER.—The Secretary may waive the limitation specified in paragraph (1) for any year in accordance with criteria established by regulation.

"SEC. 2006. REQUIREMENTS FOR APPLICATIONS FOR GRANTS FOR SERVICES.

"(a) IN GENERAL.—An application for a grant for services under this title shall be in such form and contain such information as the Secretary may require, and shall include—

"(1) an identification of the incidence of adolescent pregnancy and related problems;

"(2) a description of the economic conditions and income levels in the geographic area to be served;

"(3) a description of existing pregnancy prevention services and programs of care for pregnant adolescents and adolescent parents (including adoption services), and including where, how, by whom, and to which population groups such services are provided, and the extent to which they are coordinated in the geographic area to be served;

"(4) a description of the major unmet needs for services for adolescents at risk of initial or recurrent pregnancies and an estimate of the number of adolescents not being served in the area;

"(5)(A) in the case of an applicant who will provide care services, a description of how all core services will be provided in the program using funds under this title or will otherwise be provided by the grantee in the area to be served, the population to which such services will be provided, how such services will be coordinated, integrated, and linked with other related programs and services and the source or sources of funding of such core services in the public and private sectors; or

"(B) in the case of an applicant who will provide prevention services, a description of the necessary services to be provided and how the applicant will provide such services;

"(6) a description of the manner in which adolescents needing services other than the services provided directly by the applicant will be identified and how access and appropriate referral to such other services (such as medicaid; licensed adoption agencies; maternity home services; public assistance; employment services; child care services for adolescent parents; and other city, county, and State programs related to adolescent pregnancy) will be provided, including a description of a plan to coordinate such other services with the services supported under this title;

"(7) a description of the results expected from the provision of services, and the procedures to be used for evaluating those results;

"(8) assurances that the applicant will have an ongoing quality assurance program;

"(9) assurances that the applicant shall have a system for maintaining the confidentiality of patient records in accordance with regulations prescribed by the Secretary;

"(10) assurances that the applicant will demonstrate its financial responsibility by the use of such accounting procedures and other requirements as may be prescribed by the Secretary;

"(11) assurances that the applicant will make maximum use of other sources of Federal and State funding;

"(12)(A) a description of—

"(i) the schedule of fees to be used in the provision of services, which shall comply with section 2004(c); and

"(ii) a corresponding schedule of discounts to be applied to the payment of such fees, which shall comply with section 2004(b) and which shall be adjusted on the basis of the ability of the eligible person to pay;

"(B) assurances that the applicant has made and will continue to make every reasonable effort—

"(i) to secure from eligible persons payment for services in accordance with such schedules;

"(ii) to collect reimbursement for health or other services provided to persons who are entitled to have payment made on their behalf for such services under any Federal or other government program or private insurance program; and

"(iii) to seek such reimbursement on the basis of the full amount of fees for services without application of any discount; and

"(C) assurances that the applicant has submitted or will submit to the Secretary such reports as the Secretary may require to determine compliance with this paragraph;

"(13) assurances that the applicant will make maximum use of funds available under title X;

"(14) assurances that the acceptance by any individual of family planning services or family planning information (including educational materials) provided through financial assistance under this title shall be voluntary and shall not be a prerequisite to eligibility for or receipt of any other service furnished by the applicant;

"(15) assurances that fees collected by the applicant for services rendered in accordance with this title shall be used by the applicant to further the purposes of this title;

"(16) assurances that the applicant, if providing both prevention and care services, will not exclude or discriminate against any adolescent who receives prevention services and subsequently requires care services as a pregnant adolescent;

"(17) a description of how the applicant will ascertain whether services for which adolescents have been referred have actually been obtained and develop a plan to ensure that needed services actually are received;

"(18) assurances that unemancipated minors requesting services from the applicant will be encouraged to consult with their parents with respect to such services and that services shall not be denied to unemancipated minors who decide not to consult their parents;

"(19) assurances that all pregnant adolescents receiving services will be informed of the availability of counseling (either by the entity providing core services or through a referral agreement with such other entity that provides such counseling) on all options, regarding the pregnancy;

"(20) assurances that primary emphasis for services supported under this title shall be given to adolescents 17 and under who are not able to obtain needed assistance through other means;

"(21) assurances that funds received under this title shall not supplant funds received from any other Federal, State, or local program or any private sources of funds; and

"(22) a plan for the conduct of, and assurances that the applicant will conduct, evaluations of the effectiveness of the services supported under this title in accordance with subsection (b).

"(b) EVALUATIONS.—

"(1) IN GENERAL.—Each grantee that receives funds for a grant for services under this title shall expend at least 3 percent but not in excess of 10 percent of the amounts received under this title for the conduct of evaluations of the services supported under this title. The Secretary may, for a particular grantee on good cause shown, waive the preceding sentence with respect to the amounts to be expended on evaluations, but may not waive the requirement that such evaluations be conducted.

"(2) INDEPENDENT EVALUATION.—Evaluations required by paragraph (1) shall be conducted by an organization or entity that is independent of the grantee providing services supported under this title.

"(3) MULTI-SITE EVALUATIONS.—Grantees may use not to exceed one half of the 10 percent amount referred to in paragraph (1), to participate in a multi-site evaluation. Such funds may be pooled by grantees to enable such grantees to conduct a study to determine the effectiveness of different combinations of services.

"(c) REPORTS.—

"(1) IN GENERAL—Each grantee that participates in the program established by this title shall make such reports concerning its use of Federal funds as the Secretary may require, including reports on prevention programs and care programs.

"(2) CONTENTS OF REPORTS ON PREVENTION PROGRAMS.—Reports on prevention programs shall be in a standard format as prescribed by the Secretary and shall include a description of—

"(A) the characteristics, educational attainments, and economic status of clients;

"(B) the clients' previous exposure in home, school, or other locations to educational efforts regarding sexuality and family life;

"(C) the types of interventions employed in the prevention program;

"(D) the before and after outcome measurements on variables appropriate to the intervention;

"(E) to the extent possible and where appropriate to program goals, the pregnancy and sexually transmitted disease rates subsequent to intervention; and

"(F) the extent of parent or family involvement in the program.

"(3) CONTENTS OF REPORTS ON CARE PROGRAMS.—Reports on care programs shall be in standard format as prescribed by the Secretary and shall include a description of—

"(A) the characteristics, health history, educational attainments, and economic status of clients at the time of entry;

"(B) the client prenatal care and pregnancy outcome, complications of pregnancy and delivery, and infant birth outcomes;

"(C) the characteristics, educational attainments, and economic status of clients at time of follow-up and infant follow-up information;

"(D) the types of services provided to clients; and

"(E) the extent of parent or family involvement in the services provided.

"(4) COMPARISON DATA.—Reports on prevention programs and care programs shall include control group data or other appropriate comparison data to provide comparisons with project data and to indicate program impact or effectiveness.

"(5) FOLLOW-UP DATA.—Reports on prevention programs and care programs shall include, to the extent possible, follow-up data on a random sample of program graduates and dropouts.

"(d) TIMING OF SERVICES.—No application submitted for a grant for a program for care services under this title may be approved unless the Secretary is satisfied that core services shall be available through the applicant within a reasonable time after such grant is received.

"SEC. 2007. COORDINATION OF FEDERAL AND STATE PROGRAMS.

"(a) **Federal Programs.**—The Secretary shall coordinate Federal policies and programs providing services relating to the prevention of initial and recurrent adolescent pregnancies and providing care services for pregnant adolescents and adolescent parents. In achieving such coordination, the Secretary shall—

"(1) require grantees who receive grants for services under this title to report periodically to the Secretary concerning Federal, State, and local policies and programs that interfere with the delivery of and coordination of pregnancy prevention services and other programs of care for pregnant adolescents and adolescent parents;

"(2) provide technical assistance to facilitate coordination by State and local recipients of Federal assistance;

"(3) give priority in the provision of funds, where appropriate, to applicants using single or coordinated grant applications for multiple programs; and

"(4) give priority, where appropriate, to the provision of funds under Federal programs administered by the Secretary (other than the program established by this title) to programs providing comprehensive prevention services and comprehensive programs of care for pregnant adolescents and adolescent parents.

"(b) **Other Recipients.**—Any recipient of a grant for services under this title shall coordinate its activities with any other recipient of such a grant that is located in the same locality.

"SEC. 2008. GRANTS FOR RESEARCH.

"(a) **In General.**—

"(1) **Authorization.**—The Secretary may make grants to public agencies or nonprofit private organizations or institutions of higher education to support the research and dissemination activities described in paragraphs (4), (5), and (6) of section 2001(b).

"(2) **Duration.**—The Secretary may make grants or enter into contracts under this section for a period of 1 year. A grant or contract under this section for a program may be renewed for 4 additional 1-year periods, which need not be consecutive.

"(3) **Amount limitation.**—A grant or contract for any 1-year period under this section may not exceed $100,000 for the direct costs of conducting research or dissemination activities under this section and may include such additional amounts for the indirect costs of conducting such activities as the Secretary determines appropriate. The Secretary may waive the preceding sentence with respect to a specific program if the Secretary determines that—

"(A) exceptional circumstances warrant such waiver and that the program will have national impact;

"(B) additional amounts are necessary for the direct costs of conducting limited programs for the provision of necessary services in order to provide data for research carried out under this title; or

"(C) several grantees together require more than $100,000 to evaluate the effectiveness of different combinations of services, and if such grantees demonstrate evidence of reasonable progress in the first year, such multisite evaluation studies shall receive preference for funding renewal.

"(4) **Carryover for report.**—The amount of any grant or contract made under this section may remain available for obligation or expenditure after the close of the 1-year period for which such grant or contract is made in order to assist the recipient in preparing the report required by subsection (f)(1).

"(b) **Use of Funds.**—

"(1) **In general.**—Funds provided for research under this section may be used for descriptive or explanatory surveys, evaluation studies, longitudinal studies, or limited programs for services that are for the purpose of increasing knowledge and understanding of the matters described in paragraphs (4) and (5) of section 2001(b).

"(2) **Limitations.**—Funds provided under this section may not be used for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than minor remodeling) of any building or facility.

"(c) **Prerequisites.**—The Secretary may not make any grant or enter into any contract to support research or dissemination activities under this section unless—

"(1) the Secretary has received an application for such grant or contract that is in such form and that contains such information as the Secretary may by regulation require;

"(2) the applicant has demonstrated that the applicant is capable of conducting one or more of the types of research or dissemination activities described in paragraph (4), (5), or (6) of section 2001(b); and

"(3) in the case of an application for a research program, the panel established by subsection (e)(2) has determined that the program is of scientific merit.

"(d) Coordination.—The Secretary shall coordinate research and dissemination activities carried out under this section with research and dissemination activities carried out by the National Institutes of Health.

"(e) Review of Applications.—

"(1) System.—The Secretary shall establish a system for the review of applications for grants and contracts under this section. Such system shall be substantially similar to the system for scientific peer review of the National Institutes of Health and shall meet the requirements of paragraphs (2) and (3).

"(2) Panel.—

"(A) Establishment.—In establishing the system required by paragraph (1), the Secretary shall establish a panel to review applications under this section.

"(B) Expertise.—Panel members should have expertise in research and evaluation and should represent disciplines relevant to the study of adolescent pregnancy and parenting.

"(C) Limit on physicians.—Not more than 25 percent of the members of the panel shall be physicians.

"(D) Meetings.—The panel shall meet as often as may be necessary to facilitate the expeditious review of applications under this section, but not less than once each year.

"(E) Review.—The panel shall review each program for which an application is made under this section, evaluate the scientific merit of the program, determine whether the program is of scientific merit, and make recommendations to the Secretary concerning whether the application for the program should be approved.

"(3) Grant determination.—The Secretary shall make grants under this section from among the programs that the panel established by paragraph (2) has determined to be of scientific merit and may only approve an application for a program if the panel has made such determination with respect to such a program. The Secretary shall make a determination with respect to an application within 1 month after receiving the determinations and recommendations of such panel with respect to the application.

"(f) Reports.—

"(1) Research reports.—

"(A) In general.—The recipient of a grant or contract for a research program under this section shall prepare and transmit to the Secretary a report describing the results and conclusions of such research. Except as provided in subparagraph (B), such report shall be transmitted to the Secretary not later than 12 months after the end of the year for which funds are provided under this section. The recipient may utilize reprints of articles published or accepted for publication in professional journals to supplement or replace such report if the research contained in such articles was supported under this section during the year for which the report is required.

"(B) Multiyear programs.—In the case of any research program for which assistance is provided under this section for 2 or more consecutive 1-year periods, the recipient of such assistance shall prepare and transmit the report required by subparagraph (A) to the Secretary not later than 12 months after the end of each 1-year period for which such funding is provided.

"(2) Other reports.—Recipients of grants and contracts for dissemination under this section shall submit to the Secretary such reports as the Secretary determines appropriate.

"SEC. 2009. EVALUATION.

"Of the funds appropriated under this title, the Secretary shall reserve not less than 1 percent and not more than 3 percent for the evaluation of activities carried out under this title. The Secretary shall submit to the appropriate committees of Congress a summary of each evaluation conducted under this section and a summary of the data reported by grantees under section 2006(c).

"SEC. 2010. AUTHORIZATION OF APPROPRIATIONS.

"(a) IN GENERAL.—For the purpose of carrying out this title, there are authorized to be appropriated $30,000,000 for each of the fiscal years 1990 through 1992.

"(b) GRANTS FOR SERVICES.—At least two-thirds of the amounts appropriated to carry out this title shall be used to make grants for services.

"(c) PREVENTION SERVICES.—Not more than one-third of the amounts specified under subsection (b) for use for grants for services shall be used for grants for prevention services.

"SEC. 2011. FUND RESTRICTION.

"No funds for grants made under this title may be used for payment for the performance of an abortion.".

I. SUMMARY OF THE BILL

The "Adolescent Pregnancy Prevention, Care, and Research Grants of 1989" would amend and reauthorize the Adolescent Family Life Demonstration Projects, Title XX of the Public Health Service Act. S. 120 as amended would authorize funding at the level of $30 million for each of the fiscal years from 1990 through 1992. The bill continues the care, prevention, and research components of the Adolescent Family Life Demonstration Projects.

S. 120 would replace the AFLA demonstration projects with an ongoing service program. It would provided for grants and contracts for services to prevent teen pregnancy, including educational services relating to sexuality and family life that stress abstinence from sexual relations. It would also provide for grants and contracts for services to help pregnant teenagers, young parents and their families. These services would include prenatal and postnatal care, referral for education, employment and vocational services, and adoption counseling services.

All projects would be required to encourage parental and family involvement and to participate in carefully controlled evaluations of the impact of the services they provide.

The bill also provides for research grants to investigate the social causes and consequences of pregnancy and childbearing among adolescents. This measure would eliminate the parental permission requirement in the AFLA as well as the language excluding programs from receiving funding if they provide counseling on abortion. None of the funds under the bill may be used for payment for the performance of an abortion.

II. BACKGROUND AND NEED FOR LEGISLATION

1. INTRODUCTION

Adolescents today are at a high risk of unintended pregnancy—which poses potentially serious health, social and economic complications for the adolescent parent and child. While the phenomenon of adolescent pregnancy is not new, in recent years it has been changing in ways that challenge public policy. Birth rates appear to be rising among those who face the greatest health, social and economic problems that surround child-bearing. For example, births to the very young adolescents are increasing. Out-of-wedlock births are rising as well. The pregnancy rates of adolescent females and fatherhood rates for adolescent males both remain high despite a decline in overall fertility.

Over the past decade, a considerable body of information has been gathered about the problems and consequences of adolescent pregnancy to both the parent and child and the resulting costs to society. However, much remains to be learned about the nature and scope of the programs that best address the complexities of adolescent pregnancy. Services to adolescents that have been proven successful need to be continued, along with further demonstrations and research on models of service delivery to curb adolescent pregnancy.

The Adolescent Family Life program, authorized by Title XX of the Public Health Service Act, is the only Federal program that is exclusively designed to deal with adolescent sexulity, pregnancy, and family issues. With a relatively small budget of approximately $10 million annually, it has met with many successes by supporting community-based demonstration projects that draw on innovative approaches, a network of comprehensive services, and the involvement of families.

2. MAGNITUDE OF THE PROBLEM

Trends in adolescent child-bearing

Overall, the fertility trends of adolescent women parallel those of all women of child-bearing age, i.e., women age 15–44. The birth rate has fallen from the highs of the postwar "baby boom" to a plateau of the mid-1970s and 1980s. In 1957, the fertility rate peaked at 122.9 births per 1,000 women age 15–44. By 1986, the fertility rate had dropped by 47 percent to 65.4 births per 1,000 women age 15–44. The adolescent birth rate dropped from 96.3 in 1957 to 50.6 in 1986, also a decline of 47 percent.[1]

The birth rate of the very young, however, has not declined as the overall fertility rate has—it has increased by 30 percent since 1957. The birth rate of girls 10–14 years old was 1.3 births per 1,000 girls age 10–14 in 1986. Although this 1.3 rate is still a very small number, it matches the highest rate recorded over the past forty years. This birth rate contrasts with 1 birth per 1,000 girls age 10–14 during 1957, the peak of the "baby boom." In 1975, the birth rate of girls 10 to 14 also peaked at 1.3.[2]

Moreover, the rate of births to adolescent fathers has not followed the pattern of decreasing over the past forty years: adolescent fatherhood has remained at a steady rate rather than dropping dramatically as fatherhood for men of all ages has. Although the age-specific data on fatherhood is less reliable than female birth rates and the quality of the reporting has varied over time, the trend seems to endure. Birth rates for fathers age 15–19 were 18.1 in 1952 and 18.1 in 1986. In contrast, the birth rates for fathers age 15–54 were 94.6 per 1,000 in 1952 and 54.9 per 1,000 in 1986, a drop of almost 42 percent.[3]

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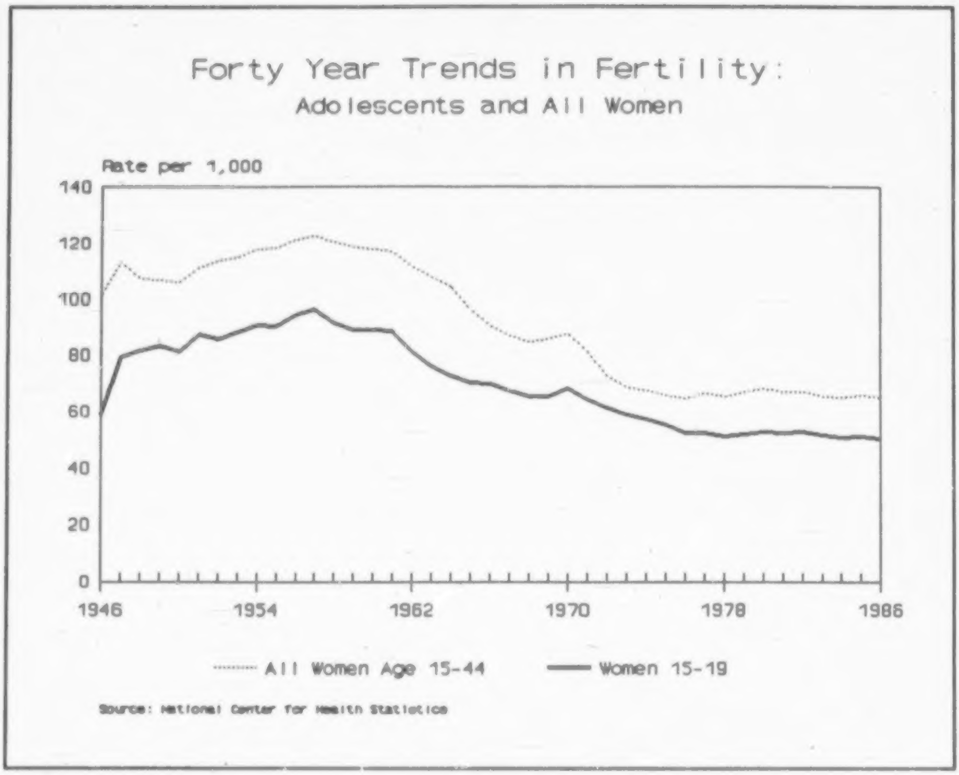
[1] National Center for Health Statistics. Vital Statistics Rates in the United States, 1940–1960. Washington, D.C., U.S. Govt. Printing Office, 1968, p. 114–185 (hereafter referred to as NCHS, Vital Statistics); National Center for Health Statistics. Monthly Vital Statistics Report, vol. 37, no. 3, July 1988 (hereafter referred to as NCHS, Monthly Vital Statistics).

[2] Ibid.

[3] Ibid.

Figure 1



Forty Year Trends in Fertility:
Adolescents and All Women

Source: National Center for Health Statistics

The racial differences in fertility, evident across all age groups, are most apparent among younger women. While the overall birth rate in 1986 was 65.4, white women age 15–44 had a birth rate of 61.9, and black women age 15–44 had a birth rate of 82.4. The birth rate of black adolescents in 1986 was more than twice that of white adolescents, 98.1 per 1,000 black women age 15–19 compared to 41.8 per 1,000 white women age 15–19. Among the youngest, those age 10–14, the racial differences are the most striking. The black birth rate was 4.6 per 1,000 age 10–14 while the white birth rate was 0.6 per 1,000.[4]

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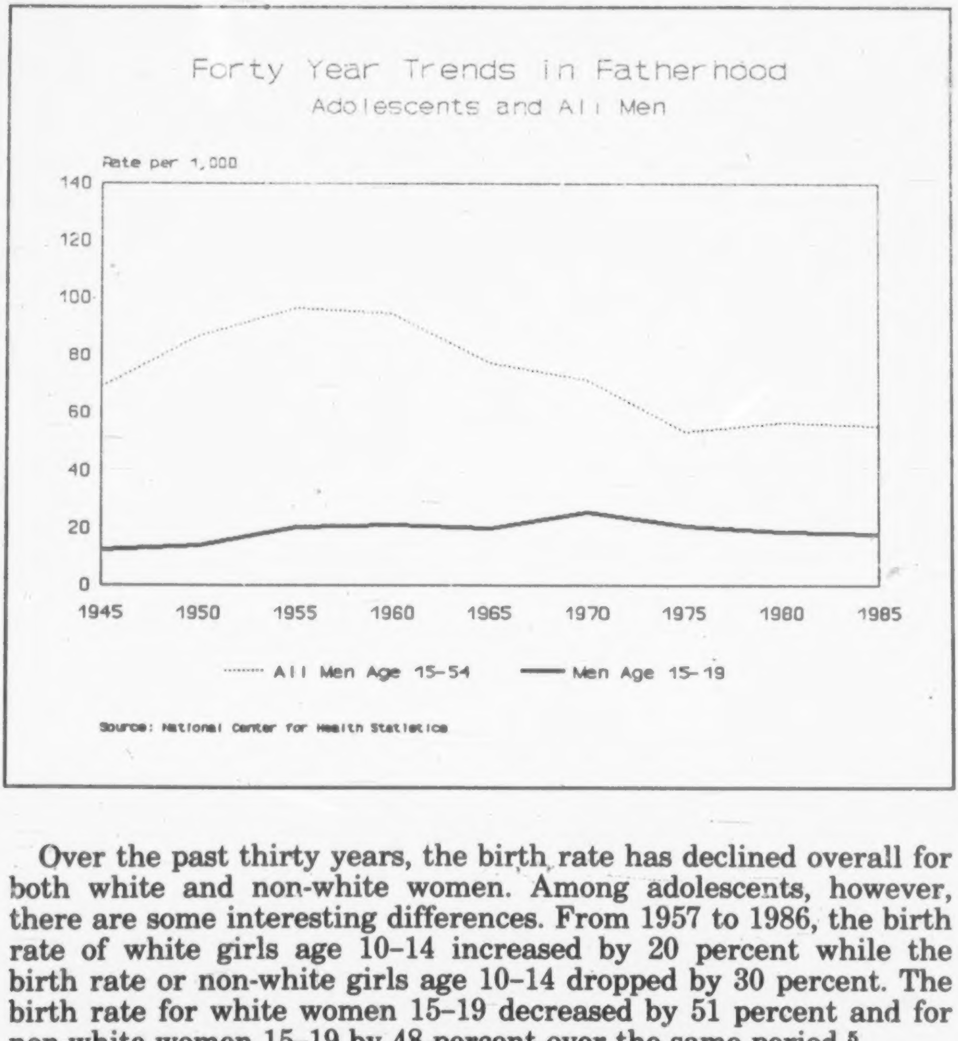
[4] Ibid.

Figure 2



Source: National Center for Health Statistics

Over the past thirty years, the birth rate has declined overall for both white and non-white women. Among adolescents, however, there are some interesting differences. From 1957 to 1986, the birth rate of white girls age 10–14 increased by 20 percent while the birth rate or non-white girls age 10–14 dropped by 30 percent. The birth rate for white women 15–19 decreased by 51 percent and for non-white women 15–19 by 48 percent over the same period.[5]

Fertility trends by race are most striking in recent years, as the non-white adolescent birth rate has decreased at a rate twice as fast as the white adolescent birth rate. Specifically, the birth rate of white women age 15–19 decreased by 5 percent, while the birth rate of non-white women 15–19 decreased by 10 percent during the decade 1976 to 1986. In contrast to the birth rate of white girls age 10–14, which has remained relatively constant, the birth rate of non-white girls age 10–14 has dropped by 9 percent from 1976 to 1986.[6]

Efforts go go beyond the actual birth rates to estimate pregnancy rates reveal the most important finding: adolescent pregnancy is rising despite a drop in birth rates. During the period 1973 to 1983, when the adolescent birth rate was at a plateau, the pregnancy rate for women age 15–19 actually increased by 12 percent. According to estimates from the Alan Guttmacher Institute (AGI), the pregnancy rate for women age 15–19 was 96.2 per 1,000 in 1973 and 108.1 per 1,000 in 1983. The gap between the birth rate and the pregnancy rate is due, in large part, to abortions.[7]

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[5] Ibid.

[6] Ibid.

It is commonly held that recent teenage pregnancy rates reflect the increasing size of the vulnerable (i.e., sexually active) population, even though the overall teenage population has been declining. Estimates regarding the sexual activity of adolescents are controversial, particularly given the sensitivity of the question and the elements of social desirability that may affect the responses. Survey data from the National Center for Health Statistics (NCHS) indicate that in 1982, about 42 percent of 15–19 year old never-married women in metropolitan areas indicated they had experienced sexual intercourse. NCHS survey data from 1982 also indicate that the percentage of women aged 20–24 who reported they had experienced nonmarital sexual activity during the teen years was 70 percent greater than those aged 40–44 so reporting. Other surveys have found there was an increase in reported teenage nomarital sexual activity during the 1970s. Recent reports indicate that 44 percent of girls and 64 percent of boys are sexually active by their eighteenth birthday.[8]

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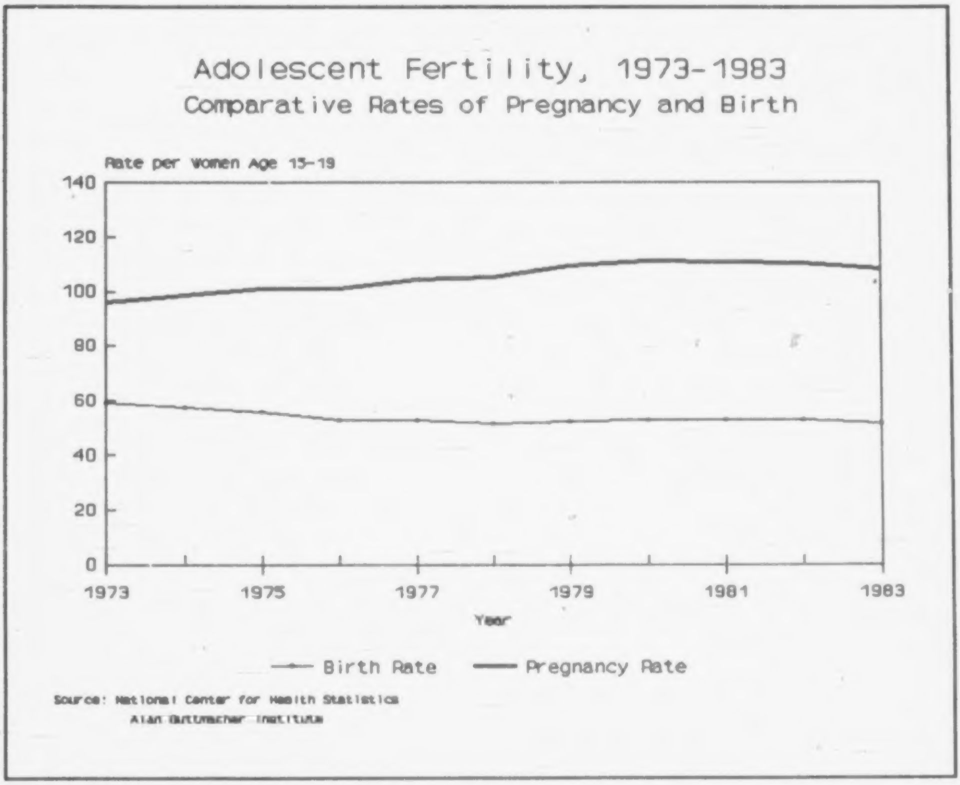
[7] Alan Guttmacher Institute.

[8] National Research Council, Risking the Future, edited by Cherryl D. Hayes, vol. 1, Washington, D.C.: 1987, pp. 33–74.

Figure 3



Adolescent Fertility, 1973-1983
Comparative Rates of Pregnancy and Birth

Source: National Center for Health Statistics
Alan Guttmacher Institute

Among female adolescents who are sexually active, there appears to be a trend toward diminishing fertility. The Centers for Disease Control (CDC) have reported a steady decline in the pregnancy rate among those adolescent females who have reported that they had sexual intercourse. The CDC data disclosed a 11 percent drop in the pregnancy rate of sexually experienced teenages from 1974 to 1983. CDC's estimated pregnancy rates for sexually experienced adolescents were 204.5 per 1,000 in 1974, 192.8 in 1980 and 181.2 in 1983.[9]

Regardless of changes in sexual activity and pregnancy among adolescents, most pregnancies to teenagers are unintended. Two-thirds of all births to females aged 15-19 are estimated to be unintended. Research, including NCHS surveys, indicates that black adolescents report a somewhat higher percentage of unintended births than white adolescents—73.7 percent and 67.9 percent respectively. Among those girls 14 or younger, almost all pregnancies are estimated to be unintended.[10]

Reported increases in sexual activity and unintended pregnancies among adolescents have been occurring at the same period in time that Americans have been delaying marriage. In 1960, the marriage rate, i.e., number of marriages per 1,000 unmarried people in that group, for women age 14–19 was 76.6. In that same year, the marriage rate for adolescent men was 23.5 Recent statistics from NCHS report that in 1985 the marriage rate for women age 15–19 was 34.8 and for men age 15–19 was 12.2, both sexes decreasing by approximately one-half their rates of marriage over the past 25 years.[11]

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[9] Barbara J. Maciak, Alison Spitz, Lilo Straus, Leo Morris, Charles Warren and James Marks, Journal of the American Medical Association, vol. 258, no. 15, Oct. 16, 1987, pp. 2069-2071.

[10] National Research Council, op. cit.

The change in the age of first marriage does appear to have indirectly affected at least one elements of fertility—our-of-wedlock births. Births to unmarried adolescent women have been steadily rising. During the period 1950–1954, 16.1 percent of the births to women age 15–19 were out-of-wedlock. By 1980–81, the percent had risen to 48.5 percent of adolescent births. While the percent of out-of-wedlock births to black adolescents rose by an estimated 88 percent since the mid-1950s, the percent of out-of-wedlock births to white adolescents jumped by almost 300 percent. Since 1980, the birth rate for unmarried white women age 15–19 has risen by 33 percent, from 16.2 in 1980 to 21.5 in 1986. The birth rate for unmarried black women age 15–19, at 89.9 in 1986, has remained relatively the same since 1980.[12]

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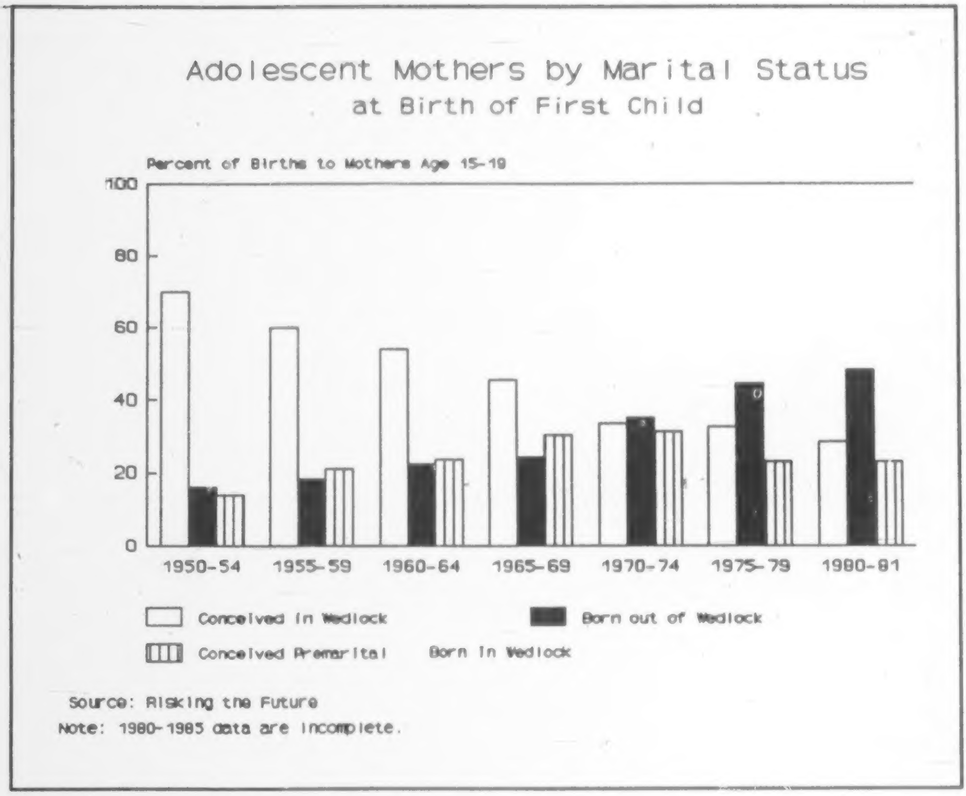
[11] NCHS, Vital Statistics; NCHS, Monthly Vital Statistics Report, vol. 37, no.1, April 29, 1988.

[12] M. O'Connell and C.C. Rogers, Family Planning Perspectives, vol. 16, no. 4, July/Aug. 1984; National Reserch Council, op. cit. p. 450; NCHS, Montly Vital Statistics.

Figure 4



Source: Risking the Future
Note: 1980-1985 data are incomplete.

Major consequences of adolescent pregnancy

The problems of adolescent pregnancy extend beyond the actual incidence of births to teenagers. Research has produced evidence of many negative short-term outcomes for the adolescent mother and child that cover the gamut from health and emotional to educational and economic. While many of these problems may have initially been present because of the adolescent's socioeconomic circumstances, an unintended pregnancy usually exacerbates existing problems and creates other negative outcomes.[13]

Many of the problems of adolescent pregnancy are health related. In general, adolescents are much less likely than are older women to begin prenatal care during the first trimester of the pregnancy. Moreover, pregnant adolescents are also much more likely than are pregnant women age 20 and older to never receive prenatal care. This reluctance to seek prenatal care, due in part to naivete, fear and ignorance as well as access, is especially acute with pregnant girls age 14 or younger.[14]

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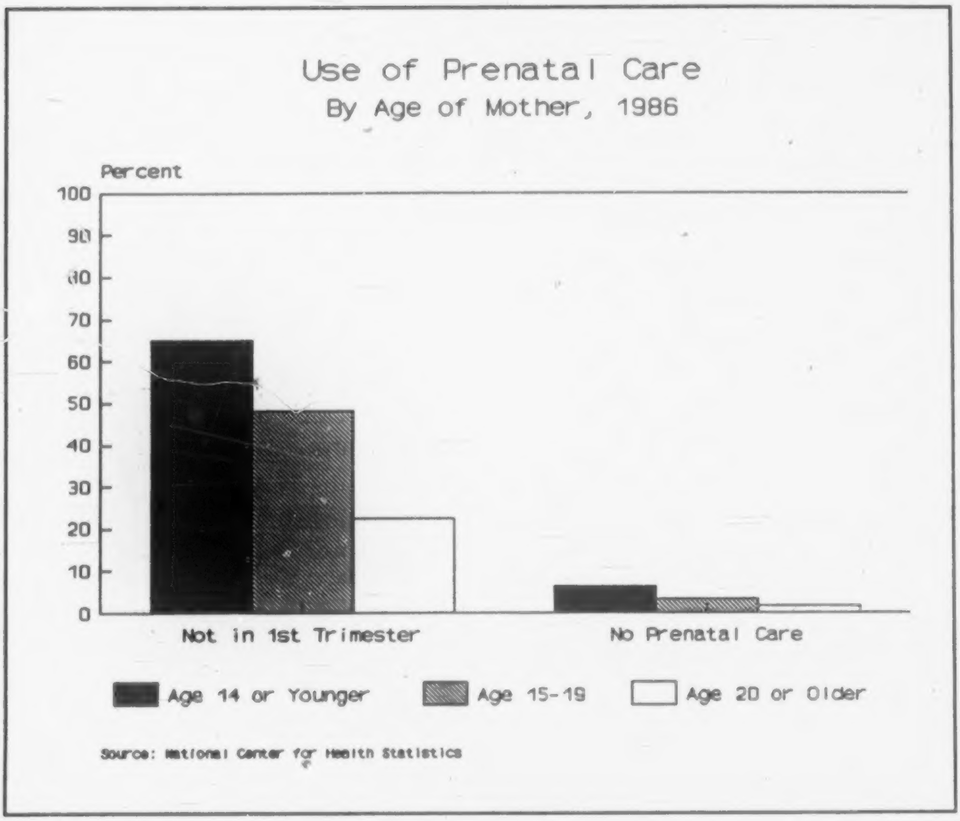
[13] For a fuller account of these affects, see: National Research Council, Risking the Future, vol 1 and 2, Washington D.C: 1987.
[14] NCHS, Monthly Vital Statistics.

Figure 5



Source: National Center for Health Statistics

Adolescent women are also much more likely to give birth to low birth weight babies than their counterparts age 20 and older. The outcome of low birth weight, which is associated with other health complications as well as infant mortality, is particularly prevalent among the youngest mothers. Recent data indicate that the problem of low birth weight babies is more common among black women, but that the age differences exist regardless of race.[15]

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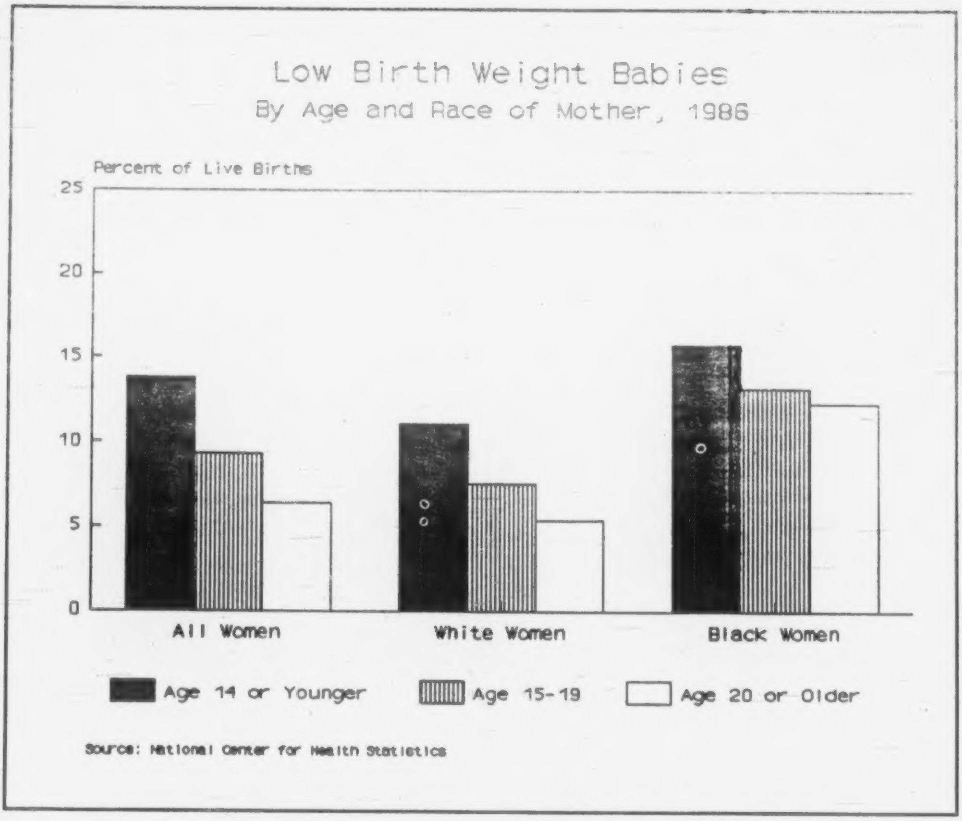
[15] Ibid.

Figure 6



Source: National Center for Health Statistics

A summary measure taken at birth that evaluates an infant's heart rate, respiratory effort, muscle tone, irritability and color—the Apgar score—demonstrates that babies born to adolescent mothers are more apt to be at risk. The five-minute Apgar score has proven to be a good predictor of an infant's long-term survival. Babies born to adolescent mothers are much more likely to have Apgar scores of less than 7 out of 10, indicating that the child is in some distress. While black infants tend to have lower scores than white infants, the age of the mother has a noticeable effect, especially among the youngest.[16]

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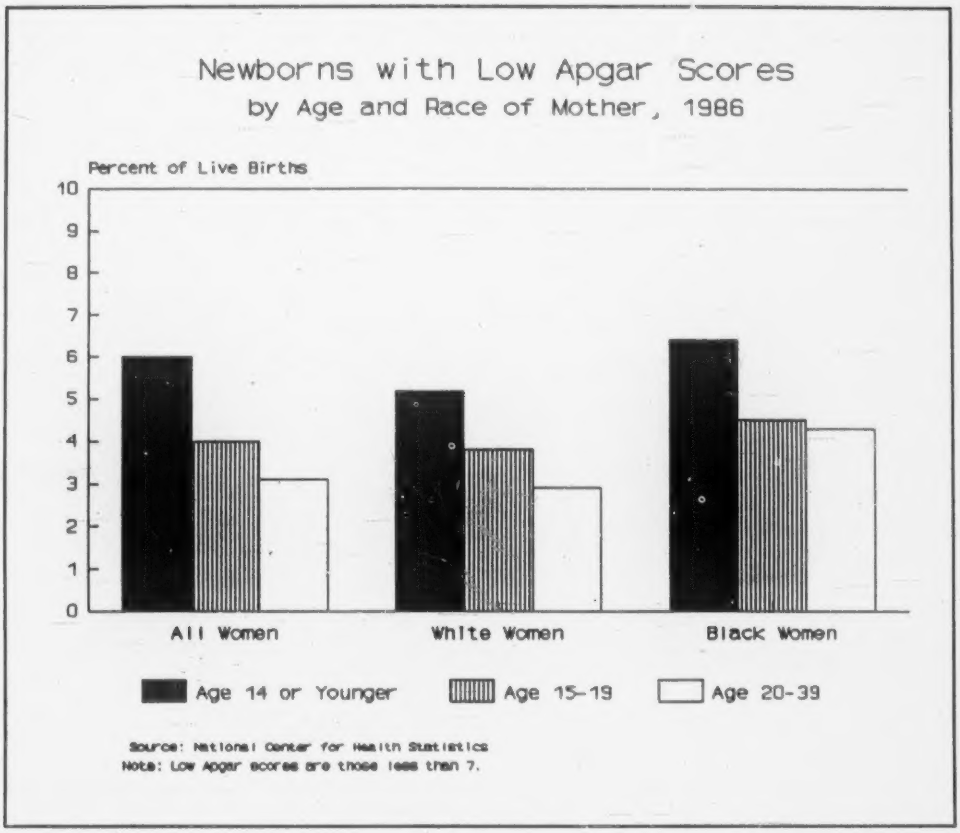
[16] Ibid.

Figure 7



Newborns with Low Apgar Scores
by Age and Race of Mother, 1986

Source: National Center for Health Statistics
Note: Low Apgar scores are those less than 7.

In addition to the immediate health complications, adolescent parents and their children are more likely to have educational problems. Indeed, adolescent pregnancy and school performance often are negatively related. Research has shown that students who are not doing well in school are more likely to become pregnant during adolescent. Moreover, girls who become mothers as teenagers are less likely to complete high school. While less research has been conducted on adolescent fathers, the limited data available suggest that men who father children as adolescents often have academic problems as well.[17]

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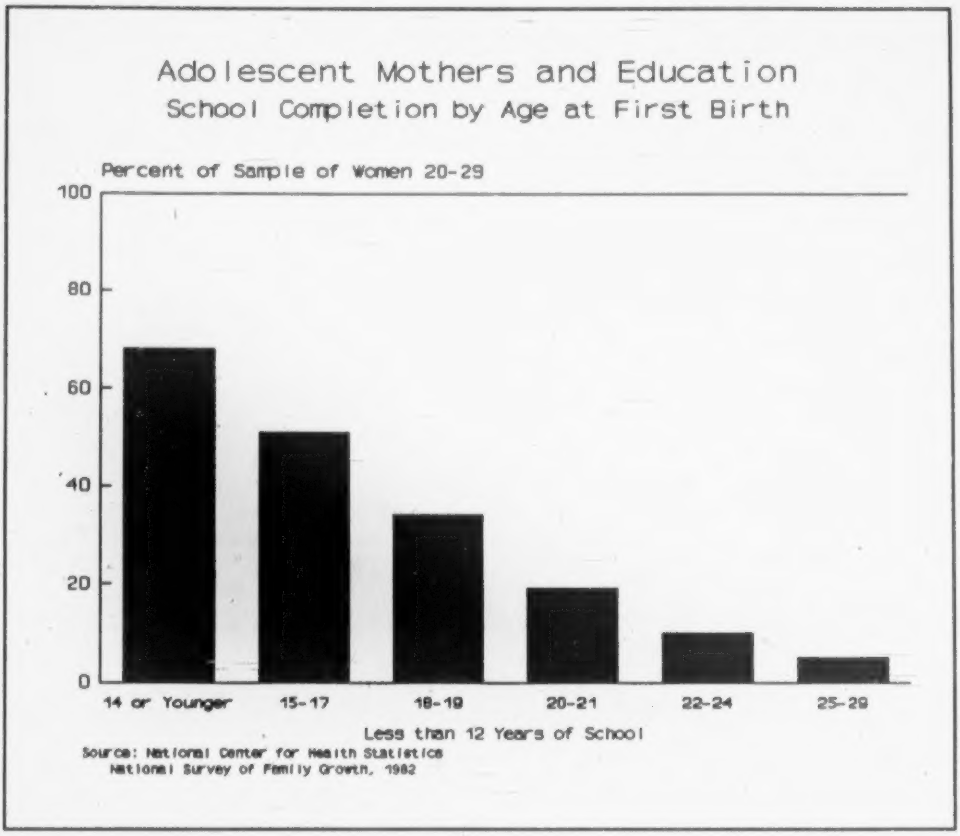
[17] National Research Council, Risking the Future, vol. II, pp. 123-144.

Figure 8



Source: National Center for Health Statistics
National Survey of Family Growth, 1982

Women who had their first child during adolescence are much more likely to be in poverty; however, extensive research indicates that this reduced earnings potential is due less to the age of first birth and more to incomplete schooling and increased family size. Moreover, women who had their first child as teenagers are also more likely to receive Aid to Families with Dependent Children (AFDC).[18]

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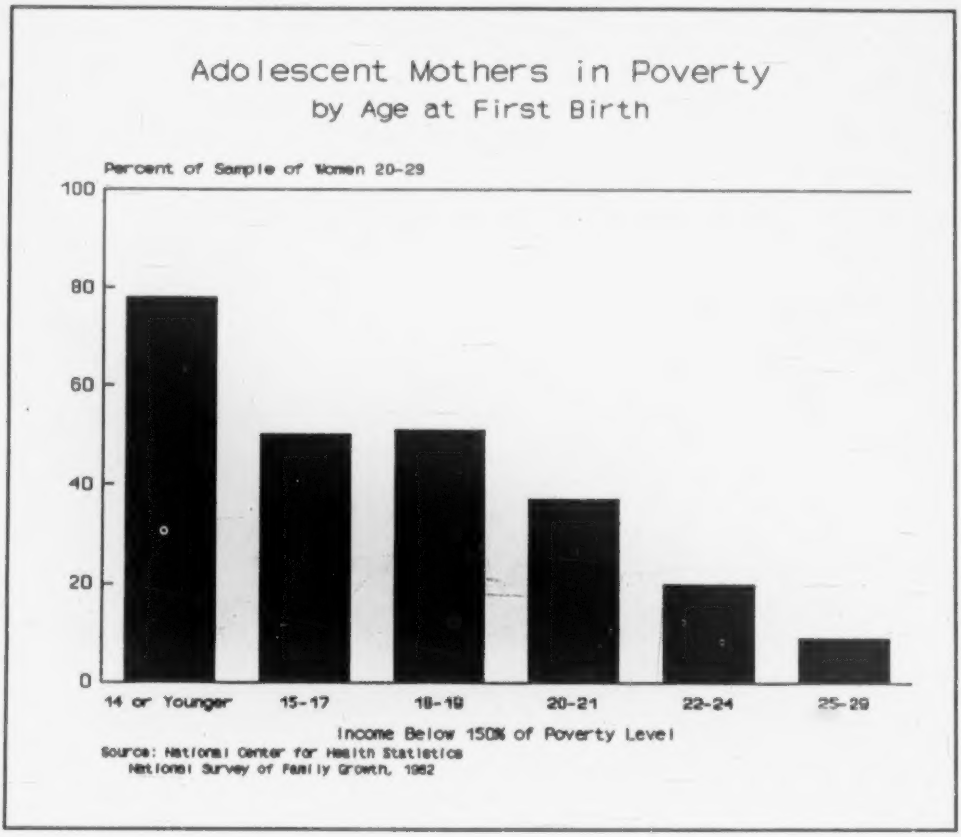
[18] Ibid.

Figure 9



Source: National Center for Health Statistics
National Survey of Family Growth, 1982

Costs to society

When people are impeded from reaching their educational and economic potential because of an unintended pregnancy during their youth, society loses much. While the loss of unachieved economic potential is difficult to gauge, other costs to society are measurable. Most notably, the welfare costs of adolescent childbearing have been studied. One estimate limited to the AFDC, food stamps and Medicaid costs that are attributable to adolescent childbearing totaled $16.6 billion in 1985.[19]

Research also suggests that adolescent mothers tend to receive higher than average welfare grants. These higher costs result primarily from three factors: a higher proportion of women who have their first child as adolescents end up as welfare recipients; households of women who were adolescent mothers tend to have larger grants because they have more children; and, households of adolescent mothers, because they tend to become welfare recipients at a younger age, usually have a longer duration of welfare dependency.[20]

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[19] National Research Council, op. cit. pp. 264-293.

3. ADOLESCENT FAMILY LIFE PROGRAM

Congress recognized the complex factors that surround adolescent pregnancy when it first enacted a Federal program ten years ago. The "Adolescent Health, Services, and Pregnancy Prevention Act of 1978" (Public Law 95-626) established "a program for developing networks of community-based services to assist pregnant adolescents and adolescent parents to improve their health and the health of their babies, to improve their chances of completing schooling or obtaining employment and becoming independent contributors to family and community life, and to prevent unwanted initial and repeat pregnancies among adolescents." The original Adolescent Pregnancy Program was enacted at Title VI of the Public Health Service Act.[21]

The Title VI Adolescent Pregnancy Program consisted of demonstration projects to public or nonprofit private entities that provided a set of ten "core" services that were comprehensive in nature, e.g., pregnancy testing, maternity counseling, family planning services (if not duplicative of other services available in the community), prenatal and postpartum care, nutritional information, and referrals for pediatrics, educational counseling, adoption counseling, and any other appropriate health services. The programs also provided for a set of five "supplemental" services such as child care, consumer education, and counseling for extended family members. The law specified that no funds for grants could be used as payment for abortions. The demonstration projects emphasized the development of networks that drew on services that were present in the community to assist the pregnant and parenting adolescent.

Although the Title VI Adolescent Pregnancy Program was authorized at $50 million in FY79, it only received a FY79 appropriation of $1 million. Its final FY80 appropriation was $7.5 million. As a result of these budget constraints, the Title VI Adolescent Pregnancy Programs funded only 4 projects in FY79 and 27 in FY80. The FY81 appropriation for Title VI was $10 million.

In 1981, Congress folded Title VI of the Public Health Service Act into the Maternal and Child Health Block grant, and it created a new statute to address adolescent pregnancy—the Adolescent Family Life Act of 1981—which became Title XX of the Public Health Service Act. the Title XX Adolescent Family Life Act incorporated many of the programmatic features of its precursor, Title VI, but added a strong emphasis on the delay of adolescent sexual activity through the involvement of family. Specifically, the law set as its first priority: "to find effective means, within the context of the family, of reaching adolescents before they become sexually active in order to maximize the guidance and support available to adolescents from parents and other family members, to promote self discipline and other prudent approaches to the problem of adolescent premartial sexual relations, including adolescent pregnancy."[22]

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[20] Natonal Research Council, op. cit. pp. 140-141.

[21] United States Senate, 95th Congress, 2nd Session, "Adolescent Health, Services, and Pregnancy Prevention and Care Act of 1978," Rept. No. 95-1206, Sept. 21, 1978.

The 1981 law specified that one-third of funding for services were designated for prevention services. Prevention services, however, did not include family planning services, and Title XX forbade grantees from providing family planning services unless appropriate family planning services were not otherwise available in the community. Prevention services as defined by Title XX were those that prevent sexual relations among adolescents, not merely those services that might curb adolescent pregnancies. Title XX also prohibited funding of grantees that provided abortion counseling or referrals, or that advocated, promoted, or encouraged abortions.

The Title XX Adolescent Family Life Act stated the importance of involving religious, charitable, and other voluntary associations in the programs to help adolescents and their families deal with the complex issues. On April 15, 1987, a Federal district court judge declared these portions of Title XX unconstitutional for violating the requirement of separation of church and state. Specifically, Judge Charles R. Richey ruled that these provisions allowing religious groups to receive grants had permitted the use of Federal funds "to educate or counsel on matters inseparable from religious dogma." The United States Supreme Court subsequently held that the Adolescent Family Life Act is constitutional on its face, but has not yet passed on whether the Act is constitutional as applied. The Supreme Court has sent *Bowen* v. *Kendrick* back to the lower court for determination of facts.[23]

The Title XX Adolescent Family Life Act also added a provision to fund research on the causes and consequences of teenage pregnancy. Although Titles VII and VIII of the earlier law (P.L. 95-626) set aside funds for evaluation and authorized funds for a study of adolescent pregnancy, it was Title XX that established a research program as an integral part of the effort to curb adolescent pregnancy. The law provided for scientific peer review of the research applications and for coordination with similar research activities conducted by the National Institutes of Health. Title XX continued as well to set aside funds for the evaluation of the demonstration projects.

The Adolescent Family Life (AFL) program received FY87 appropriations of $14 million, FY88 appropriations of $9.6 million, and FY89 appropriations of $9.5 million. It currently funds 88 demonstation projects around the country and has provided support for 37 research projects. According to the most recent data made available by the Department of Health and Human Services Office of Population Affairs (in which the AFL program is located) the AFL care projects served 10,728 pregnant parenting teens and 5,689 infants in FY86. In addition, the care projects involved 3,387 male partners and 6,274 extended family members. The AFL prevention projects reached 48,000 adolescents and preadolescents in FY86, with 53 of those reached being female and 47 percent being male.

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[22] Subtitle G of Title IX of the Omnibus Budget Reconciliation Act of 1981.

[23] *Bowen v. Kendrick,* 108 S.Ct. 2562 (1988).

The prevention sites also involved 15,000 parents of adolescents with their programs in FY86.[24]

4. EVALUATION OF ADOLESCENT PREGNANCY PROGRAMS

In general, the adolescent pregnancy programs have a positive effect on the teens and infants that they serve. While the systematic evaluation of these programs is plagued by the problem of self-selection, i.e., positively motivated adolescents are more likely to seek such services, the preponderance of evidence points toward successes.

Programs for pregnant and parenting adolescents, such as the AFL care programs, have had noticeable postive results. Evaluations of projects providing prenatal and postpartum care as well as overall health and nutritional counseling indicate that participants tend to have less complicated pregnancies and healthier babies. In many instances, projects that emphasize educational attainment have success, particularly among disadvantaged youth who become prenant. Programs with job training components also appear to effect employment outcomes.[25]

Program designed to prevent sexual activity among adolescents have yet to yield conclusive findings. Preliminary evaluations suggest that parent-child communications are enhanced by parental involvement programs and that knowledge about responsible sexuality is increased by family life education programs; however, it is premature to conclude that such programs delay sexual activity.[26]

Programs to prevent adolescent pregnancy by means of sex education and family planning, on the other hand, have been more extensively evaluated, with results that suggest positive outcomes through the more effective use of contraception. According to evaluations of several major projects, sex education courses appear to lead to more knowledgeable use of contraceptives among young women who are sexually active. A large body of evaluations of family planning programs point to a reduction in repeat pregnancies, unintended pregnancies and out-of-wedlock births.[27]

One important conclusion of these evaluations is that more demonstrations need to be conducted and further research needs to be performed if the problems surrounding adolescent pregnancy are to be fully addressed. Much remains unknown about what combinations of services are most effective, what programs work among different sub-populations of teens, and what programs are most effective in particular types of communities. Little is available on which approaches are best for various ages of children and adolescents. The alternative of adoption also warrants further evaluation. Perhaps most importantly, the roles of the adolescent father deserve much more attention that they have received thus far.

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[24] U.S. Department of Health and Human Services, Office of Population Affairs, "The Adolescent Family Life Demonstration Projects: Program and Evaluation Summaries," Washington, D.C.: 1987.

[25] National Research Council, Risking the Future, pp. 207-263.

[26] Ibid.

[27] Ibid.

III. LEGISLATIVE HISTORY

S. 120, a bill to revise and extend the program of adolescent pregnancy prevention, research and care under Title XX of the PHS Act, was introduced by Senator Kennedy on January 25, 1989, and was referred to the Senate Committee on Labor and Human Resources. The Committee held a hearing on S. 120 on May 9, 1989. On June 14, 1989, the Chairman of the Committee, Senator Kennedy, convened an executive session to consider S. 120. On that day an amendment in the nature of a substitute was adopted and reported favorably by the Committee on Labor and Human Resources.

IV. COMMITTEE VIEWS

The Committee believes that adolescent pregnancy and childbearing in our nation is a complex and serious problem that deserves federal attention. The facts associated with this problem are devastating: in 1986 more than 1,000,000 teenagers became pregnant and nearly 500,000 carried their pregnancies to term, of which 6 out of 10 of the babies born to such teenagers were born out of wedlock; adolescents aged 17 and younger accounted for more than 46 percent of the out of wedlock births to teenagers. Of particular concern is that childbirth among adolescents, particularly young adolescents, increases the likelihood of severe health, social, and economic consequences, including pregnancy and childbirth complications, low birth weight babies, infant mortality and morbidity, adolescent marriage that will end in divorce, dropping out of school, unemployment, and welfare dependency. Considering the costs of adolescent pregnancy in both human and monetary terms, the Committee feels that it is less costly to prevent initial or repeat pregnancy than to cope with its consequences.

Because of the complexity of the problems of adolescent pregnancy and childbearing, the Committee feels that a variety of integrated and essential services need to be provided. The Committee believes that services that are effective in preventing initial or repeat pregnancies are of utmost importance. For young women who do become pregnant, the Committee feels that providing services that not only would protect the health of the child but also that would allow the woman to stay in school are essential. Research studies such as one in Baltimore supported by The Commonwealth Fund have suggested that young women who stay in school throughout their preganancies are more likely to graduate from high school and are less likely to get pregnant again right away. The Committee believes that providing support for young mothers in order to enable them to finish their schooling is one of the surest ways to interrupt the poverty cycle and is one that pays in the long run. In addition, services that aid adolescent parents in finding employment help to ensure that they will become productive members of their family and community. Therefore, the Committee stresses that in order to achieve service goals, federal policy should encourage the development of appropriate health, education, and social services where they are now lacking or inadequate and better coordination of services where they do exist.

The Committee feels that for both care and prevention services to be optimally effective, more information needs to be gained concerning the societal causes of adolescent pregnancy, the consequences of childbearing and child rearing for adolescents, and the types of services that reduce the adolescent pregnancy rates and improve the outcomes of adolescent childbearing. To obtain this information will require conducting carefully controlled research and gathering comparable evaluation data across programs. Thus, the Committee is committed to the allocation of federal funds for these purposes. Moreover, once these data are gathered, the Committee encourages that every effort be made to disseminate widely the results and information from programs and research projects in order to enable other programs to address the issue of adolescent pregnancy more effectively.

SERVICES

The Committee intends that the services under this Act be available to adolescents under the age of 21. This legislation, thus, would extend the ages covered by this Act by two years and would allow services to be extended to any young person of unemancipated minor status.

"Care services" as defined in Section 2001(2) are all the services, required or supplementary, which would be provided by a grantee to benefit pregnant adolescents and adolescent parents. The Committee intends that these services should be available both to the young woman and, when appropriate, to her partner.

"Core services" as defined by Section 2001(3) are those services that all grantees would be required to provide to recipients of care services. These services consist of a wide range of multidisciplinary services intended to meet the diverse needs of pregnant adolescents and their familes. The Committee places special emphasis on the point that parent and family involvement in each of the core services is to be encouraged.

In the case of a number of services, such as pregnancy testing, pediatric care, and mental health services, the grantee itself need not offer the service, but must at least be prepared to refer its clients to an agency where the services can be offered. Although the bill designates specific services that the Committee feels are essential to care service programs, the Secretary of Health and Human Services is permitted through regulation to change or modify the designation of particular core services. It is the Committee's view, however, that any such modifications should be based on and justified by empirical findings from evaluation data.

"Prevention services" as defined in Section 2001(6) would be provided by prevention service grantees to nonpregnant adolescent females and to adolescent males. Two general types of services that can be offered in prevention programs are designated: family planning services and educational services relating to sexuality and family life. In prevention programs for nonpregnant adolescents, family planning services are to be limited to counseling and referral for counseling and/or other family planning services. Only when appropriate services are not otherwise available or accessible in the community can funds under this Act be used by a grantee to provide a full range of family planning services. The Committee feels, however, that an agency wishing to provide a full range of family planning services should make every attempt to seek funding through other more appropriate sources such as Title X of the Public Health Service Act. The Committee confirms its historical view that the purpose of this legislation is not one of providing contraceptive services to adolescents.

The Committee urges prevention service grantees offering educational services under this act to approach education on sexuality and family life from a broad perspective. Not only do adolescents need to be informed of means for delaying becoming pregnant but also they need to be educated on responsible decision making regarding sexual activity and on the realities and responsibilities of parenting. In addition, assistance needs to be offered to parents, schools, youth agencies, and health care providers in educating adolescents and preadolescents regarding issues surrounding human sexuality.

Although family planning and educational services are considered by the Committee to be of primary importance in prevention programs, other services, as appropriate, may also be provided in the context of prevention programs. In addition the Committee emphasizes that prevention services need to be made available to adolescent males as well as to adolescent females.

Finally, the Committee feels that prevention services should be made available through a wide array of public and nonprofit organizations including schools. The decision for a school system to apply for a grant is one that would be made by the local school board with input from parents and other community members. The Committee strongly feels that if a local community believes the best way to meet the needs of its adolescents is through school based prevention programs, it should not find itself constrained by Federal policy.

"Supplemental services" as defined in Section 2001(8) are services that may be provided by a grantee but are not required. These services may be modified through regulation by the Secretary of HHS. One of these services is "child care that is sufficient to enable the adolescent parent to continue education or enter into employment." The Committee stresses the significance of this service in light of research findings regarding the importance of helping the adolescent mother stay in school and complete her schooling. The Committee acknowledges that in some cases it may be appropriate for child care services to be offered in or in close proximity to secondary school settings. The Committee emphasizes, however, that the decision to offer child care services in or near schools is strictly one that would be made at the discretion of the local school system.

"Eligible grant recipients" as defined in Section 2001(4) are public or nonprofit private organizations that can demonstrate the capability to provide the required care or prevention services. An issue that has been raised in the courts is whether or not religious organizations should be eligible to receive funds under this act. The constitutionality of the Adolescent Family Life program has been challenged (Kendrick v. Bowen) on the grounds that on its face and as applied, the statute violates the establishment clause of the

First Amendment. The fundamental question in this case is the constitutionality of a statue that allows religious organizations to use government funds for the counseling and teaching of adolescents on matters related to premarital sexual relations and teenage pregnancy and for activities that have the potential for advancing religion and fostering excessive entanglement between religion and government. The Supreme Court, in its June 29, 1988, decision, ruled that the District Court had erred in holding that the Adolescent Family Life Act is invalid on its face and concluded that the statute has a valid secular purpose, does not have the primary effect of advancing religion, and does not create an extensive entanglement of church and state. In addition, however, it has directed the District Court to consider on remand whether particular Adolescent Family Life Act grants have had the primary effect of advancing religion. Should that be the case, the District Court is to devise a remedy to ensure that grants awards by the Secretary comply with the constitution and the statute. While the Committee agrees that grants under the current bill may be awarded appropriately to religious organizations within the strict constraints established by the courts, it stresses that programs in those organizations must not be used to promote religious ideologies, either implicitly or explicitly, and encourages more judicious monitoring by the Secretary of the use of the grant funds.

USE OF GRANTS FOR SERVICES

Grants for services under this act are to be used to provide care services, prevention services, or any combination of care and prevention services. The Committee feels that emphasis should be place on coordination and integration of the various core and supplemental services being offered by grantees as a means of optimizing the effectiveness of those services. Grants may also be made by the Secretary for the purpose of planning by service programs; funding for planning, however, should be for a period of no more than one year.

Fees

Under the bill, grantees are required to charge fees for services when the recipient is financially able to pay. Fee schedules, to be approved by the Secretary as part of the grant application, are to be based on the income of the adolescent and to take into account the difficulty the adolescent faces in obtaining resources to pay for services and are to be adjusted accordingly. However, no individual is to be denied services because of an inability to pay for those services. The Committee believes that such allowances are necessary to insure that every adolescent has the opportunity to receive the necessary services. Nonetheless, the Committee feels strongly that individuals should not avoid their fiscal responsibilities when they are able to pay. In addition, the Committee emphasizes that when an adolescent is eligible for reimbursement by private health insurance or other government insurance programs, the grantee should be reimbursed by such sources.

PRIORITIES, AMOUNTS, AND DURATION OF GRANTS FOR SERVICES

S. 120 requires that priority, both in terms of awarding of the grant and the amount of the grant, be given to applicants who serve an area with a high incidence of adolescent pregnancy or an area having a high proportion of low-income families and low availability of programs of care for pregnant adolescents and adolescent parents. The Committee feels that particular attention should be given to making sure that services are available in rural areas, whose needs have often gone unmet. Regardless of the geographic location of the grantee, however, services should always be geared to the particular target population being served and should involve the population being served in the planning and implementation of the program. The Committee urges grantees, whenever possible, to use the resources of other existing agencies and programs as a means of preventing duplication of services and of optimizing use of funds. In addition, the Committee encourages grantees to seek other forms of funding as well.

Grant awards for services may not exceed 75 percent of the costs of the program for any single year in the grant period. The nonfederal contribution may be in the form of facilities, equipment, or services. Although the grantee would not be required to be able to cover any more than 25 percent of the costs of the program, the Committee urges that the grantee, as feasible, cover an increasingly larger portion of the costs as a means for allowing grant funds to be distributed more broadly and for ensuring continuation of the program should be federal funding be discontinued.

In special cases, the Secretary, in a given year, may waive the 25 percent contribution required by the grantee. Criteria for waiving the requirement are to be established by the Secretary in regulation. The Committee feels that allowing for the possibility of a waiver is of particular importance for new programs that might have some difficulty in meeting the 25 percent requirement while attempting to develop the program.

REQUIREMENTS FOR APPLICATIONS FOR GRANTS FOR SERVICES

Assurances

S. 120 contains 22 assurances that must be addressed by the grantees in the context of the grant application. The intent of asking the grantee to provide these assurances is to set standards and requirements that are to be met across all programs.

General assurances.—S. 120 requires that the grant applicant provide descriptions of the following: incidence of adolescent pregnancy, economic conditions, existing prevention and care services, major unmet needs for services for adolescents at risk of pregnancy, the plan for services, fee schedules, and results expected from the provision of services. In addition, the applicant is required to provide assurances that it will: have an ongoing quality assurance program, have a system for maintaining confidentiality of patient records, demonstrate financial responsibility, make maximum use of the sources of Federal and State funding, make maximum use of funds available under Title X, not make receipt of any other service contingent upon the acceptance of family planning services of

information, use fees collected only to further the purposes of this Act, not discriminate against any adolescent who receives prevention services and subsequently requires care services as a pregnant adolescent, give priority to adolescents 17 and under, not use funds received under this Act to supplant funds received from other sources, and plan for the conduct of evaluations. These assurances, all of which are included in the current legislation, have been retained because of the Committee's opinion that they are essential requirements for acceptable programs. Additionally, S. 120 requires that the applicant will describe how it will ascertain whether services for which adolescents have been referred have actually been obtained and will develop a plan to ensure that needed services actually are received. Because many of the services needed by the adolescent are likely not to be provided by the grantee itself but rather by an agency to which the adolescent is referred, the Committee feels that such an assurance is crucial.

Assurances regarding unemancipated minors.—The Committee feels that to require a young woman to obtain parental permission to participate in programs may inhibit those who might benefit most from seeking available services. Although the Committee recognizes and emphasizes the importance of parental involvement in Title XX programs, it feels that adolescents who hold the ultimate decision-making power regarding their sexual behaviors must also be given ultimate authority to decide upon seeking services related to those behaviors.

Assurances regarding counseling on all options.—S. 120 requires that grantees provide assurances that a pregnant adolescent receiving services will be informed of the availability of counseling on all options regarding her pregnancy should she request that information. This special provision on counseling is not intended to require the grantee itself to provide such counseling. Instead, it is the intent that the pregnant adolescent desiring information simply be informed of the availability of counseling on all options regarding her pregnancy and that grantees who are unable to directly provide this counseling establish a referral agreement with another entity which can provide such counseling.

Evaluation of individual programs

S. 120 stipulates that each grantee that receives funds for a grant for services shall expend at least three but not in excess of ten percent of the grant for conducting evaluation of the services being supported by the grant. This requirement increases the amount to be set aside for evaluation and reflects the interest of the Committee in having high quality evaluations of the funded programs. The Committee recognizes that thorough program evaluations are expensive but feels strongly that quality program evaluations are essential to providing insight into how to address more effectively the issue of adolescent pregnancy. To allow for flexibility, the Committee feels, however, that a possibility of waiver of the amount to be expended (but not the requirement that such an evaluation be conducted) should be retained in the legislation.

The Committee is aware that programs offering only a single type of service or intervention are often ineffective, and that those employing a comprehensive range of services have demonstrated measurable success in a number of cases. However, it does not feel that the most efficient combination of services has been identified. In order to establish which sets of services are most effective for particular populations, it will be necessary to employ evaluation designs which compare the relative effectiveness of programs that offer different combinations of services. To make such multi-site studies possible, a grantee may propose pooling up to half of the 10 percent of funds allocated for evaluation with other grantees. The Committee feels that the remaining half of funds allocated for evaluation should be used by each program individually to maintain a data base describing services rendered.

Projects with especially strong evaluation designs (including both control groups and follow-up of participants after the intervention) may submit applications for evaluation-intensive grants. In such grants, up to 30 percent of the Federal funding share may be used for evaluation of the program's outcome, because the Committee understands that additional expenses accrue in extensive data collection. Because of the emphasis on prevention and care services in this portion of the legislation, the Committee feels that no more than 10 percent of the projects funded should be evaluation intensive.

If funding for a prevention or care project is not renewed, the Secretary may supply partial funding to the grantee for up to one year after the grant period expires so that an evaluation of the program can be completed. In this way, the Committee hopes that merely descriptive, "process" type evaluations will be avoided. A simple description of the process employed in a program is not adequate to assess programatic impact.

Replications of programs that have been shown to be effective with particular populations in certain geographical areas are encouraged by the Committee. For example, programs shown to reduce pregnancy rates or problems typically associated with adolescent pregnancy in urban, monority youth should be tested in white, suburban populations.

In certain situations there is reason to believe that program impact will not be apparent immediately, but will be significant at long-term follow-up. The Committee is aware of one program attempting to build economic independence in teen mothers that showed no effect after the first or second years, but appears to have had dramatic positive results at 5 year follow-up. Projects that can justify long-term follow-up theoretically, and that have collected strong baseline data as well as strong short-term follow-up data, should be funded at a level that enables them to follow service recipients for up to five years after program participation.

S. 120 requires that evaluations be conducted by an organization or entity that is independent of the grantee. The requirement in the current Title XX legislation requiring that the grantee develop a working relationship with a college or university in the grantee's state to assist in conducting the required program evaluations unless no college or university is willing or has the capacity to provide such assistance has been dropped. The Committee feels that to require grantees to give priority to colleges and universities over other independent evaluation groups is too restrictive and may in some cases preclude optimal, cost-effective evaluation.

Reports

S. 120 requires that each grantee shall make reports regarding the use of its funds and include in those reports certain specific data. In addition, reports are to be in a standard format as prescribed by the Secretary; reporting requirements for prevention programs and care programs are somewhat different and are geared to the purposes of each type of programs. The reason for requiring that specific data be reported is to provide a means for developing a national data base on adolescent pregnancy, a goal which can be accomplished only if comparable data are gathered across programs. Reports are also to include control group data or other appropriate standard comparison data in order to allow for evaluation of the program impact or effectiveness. Because the Committee recognizes the difficulty in collecting control group data, it accepts that other standard comparison data may need to be used for program evaluation purposes. The Committee also encourages grantees, when possible, to include follow-up data on a random sample of the program graduates and dropouts as a means for more effectively evaluating the effectiveness of the program. In all data collection efforts, the Committee stresses that grantees must take great care in maintaining confidentiality of clients' records.

COORDINATION OF FEDERAL AND STATE PROGRAMS

S. 120 requires the coordination of Federal policies and programs providing services for the prevention of adolescent pregnancy and care of pregnant adolescents and adolescent parents. The Committee feels that it is of particular importance to identify Federal, State, and local programs or policies that interfere with or impede the implementation of adolescent pregnancy prevention and care programs.

GRANTS FOR RESEARCH

S. 120 authorizes the Secretary to make grants not to exceed $100,000 per year to support research aimed at increasing knowledge and understanding relating to adolescent pregnancy and childbearing. Grant funds may be use for descriptive or explanatory surveys, evaluation studies, and longitudinal studies, and may be used to fund limited programs for services that are geared primarily to addressing research questions. The Secretary is required to coordinate the research activities and dissemination activities under this Act with those carried out by the National Institutes of Health in an attempt to prevent duplication of efforts when possible.

In instances in which several programs have been coordinated into a multisite research program designed to evaluate the relative effectiveness of different combinations of services, the Committee recognizes that grants larger than $100,000 may be needed. Because it is important to determine the most efficient use of the scarce resources in the area of adolescent pregnancy prevention and care, such coordinated research programs will receive preferential renewal of funding if they have shown evidence of satisfactory progress in the first year.

S. 120 establishes a mechanism for review of applications for research grants under this act. Grants are to be evaluated by a panel, whose members have expertise in research and evaluation and represent disciplines relevant to the study of adolescent pregnancy and parenting. The Committee feels strongly that the panel's recommendations for approval of the grants should be based on the scientific merit of the research program. The Secretary is to make grants only from among those recommended by the panel.

Recipients of research grants are to prepare for the Secretary a report describing the results and conclusions of research funded by the grant. Time requirements in S. 120 place emphasis on the timeliness of these reports.

Because of the seriousness of the problem of adolescent pregnancy and because of the limited understanding on how to best address this issue, the Committee believes that investing in high-quality research projects is of utmost importance. The Committee feels, however, that research projects, which are in a sense being funded at the expense of care and prevention services, must clearly demonstrate their scientific merit.

DEPARTMENTAL EVALUATION

S. 120 requires the Secretary to expend at least 1 percent but not more than 3 percent of the funds appropriated be used to evaluate the activities carried out under this title. The Committee feels that compiling and evaluating the data gathered by the grantees is a critical component of the program and should aim at accomplishing several goals: (1) comparing varying program approaches nation wide; (2) recognizing unique approaches that an individual program may have developed; (3) determining programs' overall effectiveness in assisting adolescents and their families; (4) guiding the Secretary in determination of various "core requirements" and "supplemental services" covered by the bill; and (5) serving as a source of knowledge and data for other grantees as well as for nonfunded agencies and the public.

The Committee emphasizes the importance of collecting comparable data across programs in order to allow for the development of a standardized minimum data base. The Secretary will compile and evaluate data from individual programs and in turn will make this information available to other grantees, the public, and the appropriate committees in Congress. The Committee feels strongly that the gathering of explicit evaluation data is essential for enabling the Secretary to provide good technical assistance to projects and States in dealing with the problem of adolescent pregnancy.

AUTHORIZATION OF APPROPRIATIONS

Section 2101 authorizes $30 million for fiscal years 1990 to 1992. The Committee hopes that the significance of adolescent pregnancy as a societal problem will encourage appropriations which demonstrate a commitment to making amelioration of this problem a priority. In addition, the Committee believes that the bill in its current form will more effectively address the issue of adolescent pregnancy and thus justifies full funding.

At least two-thirds of any funds appropriated under this Act must be used to make grants for services, and no more than one-third of this amount may be used for prevention services. This allocation formula has been maintained from the previous Adolescent Family Life Act legislation and is intended to reflect the priority of care services for pregnant adolescents and adolescent parents over prevention services and the priority of prevention and care services over research grants. Nonetheless, the Committee feels that the availability of funds for high quality prevention programs and research proposals is of utmost importance if the problem of adolescent pregnancy is to be eradicated.

FUND RESTRICTIONS

No funds for grants made under this Act are to be used for payment for the performance of an abortion. This restriction is one that is consistent with existing Federal law and one which the Committee strongly supports.

V. COMMITTEE ACTION

The committee voted to adopt and report S. 120 as amended, in the nature of a complete substitute, on June 14, 1989. It was reported favorably by voice vote.

VI. COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, June 26, 1989.

Hon. EDWARD M. KENNEDY,
Chairman, Committee on Labor and Human Resources,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the attached cost estimate for S. 120, the Adolescent Pregnancy Prevention, Care, and Research Grants Act of 1989, as ordered reported by the Senate Committee on Labor and Human Resources on June 14, 1989.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

ROBERT D. REISCHAUER,
Director.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 120.

2. Bill title: Adolescent Pregnancy Prevention, Care, and Research Grants Act of 1989.

3. Bill status: As ordered reported by the Committee on Labor and Human Resources on June 14, 1989.

4. Bill purpose: To amend the Public Health Service Act to reauthorize adolescent family life demonstration projects, and for other purposes.

5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

Adolesceat Family life	1990	1991	1992	1993	1994
Authorization level	30	30	30		
Estimated outlays	17	24	29	13	6

The costs of this bill fall within budget function 550.

Basis of estimate: S. 120 would reauthorize funding for adolescent family life demonstration projects and implement changes to transform these demonstration projects into actual service programs. Grant recipients would be given one year to plan for the coordination and administration of their programs. In addition to grants for pregnancy care and prevention services, research grants would be made available by S. 120. Authorization amounts for the adolescent family life program are stated in the bill.

This estimate assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

6. Estimated cost to State and local government: The Federal government would provide funding for up to 75 percent of program costs. The non-federal portion of program funds could come from state and local governments and could be accepted either in cash or in kind.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Jennifer Vogt, Lori Housman.

10. Estimate approved by: C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis.)

VII. REGULATORY IMPACT STATEMENT

The Committee has determined that there will be a minimal or no increase in the regulatory burden of paperwork as a direct result of this bill.

VIII. SECTION-BY-SECTION ANALYSIS

SECTION 2001. FINDINGS AND PURPOSES

This section presents the findings that warrant such legislation, including current data regarding adolescent pregnancy and parenthood. In addition, this section outlines the purposes of this Act, which are to coordinate and expand services for preventing adolescent pregnancy and for caring for pregnant adolescents and adolescent parents, particularly those under age 17, and to support research relating to the issue of adolescent pregnancy.

SECTION 2002. DEFINITIONS

This section defines the terms used in the Act, including "adolescent," "care services," "core services," "eligible grant recipient," "eligible person," "prevention services," "Secretary," and "supplemental services." Care services are for pregnant adolescents and adolescent parents and include all core services and may include supplemental services. Core services are: pregnancy testing and maternity counseling; family planning services (limited to counseling and referral for nonpregnant adolescents unless suitable and appropriate family planning services are not otherwise available in the community); primary and preventative health services; nutritional information and counseling; referral for screening and treatment of sexually transmitted diseases; referral for appropriate pediatric care; educational services relating to sexuality and family life; referral to appropriate educational, employment, and vocational services; adoption counseling services; mental health services and referral; and, encouragement of family involvement. Prevention services are for nonpregnant adolescent females, males and include certain specified core services, e.g., family planning and educational services related to sexuality and family life, and referral to other services.

SECTION 2003. AUTHORITY TO MAKE GRANTS FOR SERVICES

This section gives the Secretary of Health and Human Services the authority to make grants for prevention services for nonpregnant adolescents and care services to pregnant adolescents and adolescent parents.

SECTION 2004. USE OF GRANTS FOR SERVICES

This section states that grants may be used for care services, prevention services, or a combination of care and prevention services and the coordination, supplementation, and administration of these services. Also this section makes stipulations regarding fees for services and requires that in no case may an individual be denied services because of inability to pay.

SECTION 2005. PRIORITIES, AMOUNTS, AND DURATION OF GRANTS FOR SERVICES

This section indicates that priority will be given to applicants that serve areas with a high incidence of adolescent pregnancy and with a high proportion of low-income families. Six other criteria for priority are also listed, including: evidence that the applicant can provide wide range of appropriate services; utilization of existing community services; use of other Federal, State and local funds; demonstration of community commitment to the program; involvement of public and nonprofit agencies, adolescents, and families in the planning and implementation; and, demonstraton of innovative and effective approaches to problems of adolescent pregnancy and parenthood. The amount of a grant is to be based upon several general factors, such as incidence of adolescent pregnancy in the area and adequacy of currently available services, and the special needs of rural areas are to be considered. In addition, this section indicates that grants cannot be for a period in excess of 5 years and are to be supplemented each year by non-Federal contributions in cash or in kind (Federal share is 75 percent of the costs of the program for any year).

SECTION 2006. REQUIREMENTS FOR APPLICATIONS FOR GRANT FOR SERVICES

This section lists 22 components (information and assurances) that must be included in grant applications for services under this Act. Under this section, (a)(18) requires assurances that unemancipated minors requesting services from the applicant will be encouraged to consult with their parents with respect to such services and that services shall not be denied to unemancipated minors who decide not to consult their parents; (a)(19) requires assurances that all pregnant adolescents receiving services will be informed of the availability of counseling (either by the entity providing core services or through a referral agreement with such other entity that provides such counseling) on all options, regarding the pregnancy. Also, this section stipulates that each grant recipient shall expend at least 3 percent but not in excess of 10 percent of the amount of the grant for the conduct of independent evaluations of the services supported under this Act. This provision recognizes that several grantees with an independent evaluator may require more than $100,000 to evaluate the effectiveness of different combinations of services. Preference for funding renewal should be given to such multi-site evaluations if they have shown evidence of reasonable progress in the first year. Requirements for specific data to be included in reports by grantees, are indicated.

SECTION 2007. COORDINATION OF FEDERAL AND STATE PROGRAMS

This section outlines how the Secretary will coordinate Federal policies and programs providing services relating to the prevention of initial and recurrent adolescent pregnancies and providing care services for pregnant adolescents and adolescent parents.

SECTION 2008. GRANTS FOR RESEARCH

This section provides funding for research grants for the purpose of increasing knowledge and understanding relating to adolescent pregnancy and childbirth. A one-year grant under this section may not exceed $100,000 for the direct costs of conducting research or dissemination activities under this section but may be renewed for four additional one-year periods. Several grantees in collaboration with an independent evaluator may agree to pool up to 5 percent of the grant for the purpose of conducting multi-site evaluations of the effectiveness of different combinations of services. These multisite projects may also be eligible for research grants. Also described in this section is the process for scientific peer review of research grant proposals and the requirements for research reports.

SECTION 2009. EVALUATION

This section requires that the Secretary reserve not less than 1 percent and not more than 3 percent of the funds appropriated under this Act for evaluation of activities covered under the Act.

SECTION 2010. AUTHORIZATION OF APPROPRIATIONS

This section authorizes $30 million per year for the purposes of carrying out this Act for each fiscal year from 1990 through 1992. At least two-thirds of the amount appropriated is to be used to fund grants for services. Not more than one-third of this amount, however, is to be used for prevention services.

SECTION 2011. FUND RESTRICTION

This section requires that no funds for grants made under this Act be used for payment for the performance of an abortion.

IX. MINORITY VIEWS ON S. 120—ADOLESCENT FAMILY LIFE

On June 14, 1989, the Senate Committee on Labor and Human Resources favorably reported S. 120, "Adolescent Pregnancy Prevention, Care, and Research Grants Act of 1989." This legislation revises and extends the varous authorities under Title XX of the Public Health Service Act, which provides funds for demonstration projects and for other purposes.

In the past, we have supported various reauthorization of the Title XX program, but we oppose S. 120 in its current form.

The Adolescent Family Life (AFL) program, authorized by Title XX of Public Health Service Act, is a research and demonstration program enacted in 1981. It was extended for three years in an amendment to S. 110, "The Family Planning Amendments of 1989." Although AFL is a relatively small program, it is the only federal program focused exclusively on developing strategies to address the problems of teen sexual behavior and teen pregnancy.

The existing AFL program takes a very straightforward approach to the prevention of teen pregnancy by targeting teens who are not yet sexually active and encouraging them not to become sexually active. It has developed a variety of different strategies and methods to assist teens and parents discuss and consider adolescent abstinence. The program addresses teen sexual behavior by emphasizing family involvement, community involvement, family values, and sexual relations within the context of marriage.

Preliminary data indicate that care projects are showing improvements in health and educational outcomes, along with lower repeat pregnancy rates. Prevention projects are showing improved teen-parent communication about sexuality and improved attitudes about delaying early sexual involvement, as well as actual delayed onset of sexual activity.

S. 120 proposes a major redirection of the current AFL program and would double the AFL authorization to $60 million, an increase that is not fiscally prudent during this time of budget constraints.

We are concerned that the provisions of S. 120 will weaken the basic principles upon which the AFL program is based. S 120 redirects the current prevention focus away from abstinence from teenage sexual activity to an emphasis on providing information and education about family planning services and methods. This requirement is a significant departure from current law and is duplicative of services already available under the Title X family planning program and other HHS programs.

Additionally, S. 120 deletes the current requirement that grantees obtain parental consent before providing services to any unemancipated minor and inserts a new requirement that projects provide services regardless of parental involvement, notification, or consent to such services. We believe this weakens the emphasis on family involvement which is the core of the AFL program.

We are also very concerned about the requirement that all projects inform pregnant clients about the availability of counseling for abortion. This is especially distressing when coupled with the elimination of the existing restriction on abortion counseling, abortion referral, and advocacy of abortion within AFL projects as well as the elimination of the legislative focus on adoption as an option for unmarried teens who become pregnant. Although S. 120 retains the restriction on the use of grant funds for payment for the performance of an abortion, it eliminates these other important restrictions which have been part of the program since its enactment. As expressed by this committee in 1981, one of the principal purposes of the Title XX program is to "foster alternatives to abortion, and to encourage adolescents to bring their babies to term," and the current statute therefore prohibits grantees from offering any abortion or abortion-related services. We believe this current restriction to appropriate and should be retained.

S. 120 makes changes which are inconsistent with what we believe are the most effective strategies for addressing. adolescent pregnancy prevention in the Title XX Adolescent Family Life program. As a result, we cannot support this legislation as currently drafted.

ORRIN G. HATCH.
DAN COATS.
STROM THURMOND.
THAD COCHRAN.

X. Changes in Existing Law

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

Public Health Service Act

* * * * * * *

[TITLE XX—ADOLESCENT FAMILY LIFE DEMONSTRATION PROJECTS

[FINDINGS AND PURPOSES

[Sec. 2001. (a) The Congress finds that—

[(1) in 1978, an estimated one million one hundred thousand teenagers became pregnant, more than five hundred thousand teenagers carried their babies to term, and over one-half of the babies born to such teenagers were born out of wedlock;

[(2) adolescents aged seventeen and younger accounted for more than one-half of the out wedlock births to teenagers;

[(3) in a high proportion of cases, the pregnant adolescent is herself the product of an unmarried parenthood during adolescence and is continuing the pattern in her own lifestyle;

[(4) it is estimated that approximately 80 per centum of unmarried teenagers who carry their pregnancies to term live with their families before and during their pregnancy and remain with their families after the birth of the child;

[(5) pregnancy and childbirth among unmarried adolescents, particularly young adolescents, often results in severe adverse health, social, and economic consequences including: a higher percentage of pregnancy and childbirth complications; a higher incidence of low/birth weight babies; a higher infant mortality and morbidity; a greater likelihood that an adolescent marriage will end in divorce; a decreased likelihood of completing schooling; and higher risks of unemployment and welfare dependency; and therefore, education, training, and job research services are important for adolescent parents;

[(6)(A) adoption is a positive option for unmarried pregnant adolescents who are unwilling or unable to care for their children since adoption is a means of providing permanent families for such children from available approved couples who are unable or have difficulty in conceiving children of their own to term; and

[(B) at present, only 4 per centum of unmarried pregnant adolescents who carry their babies to term enter into an adoption plan or arrange for their babies to be cared for by relatives or friends;

[(7) an unmarried adolescent who becomes pregnant once is likely to experience recurrent pregnancies and childbearing, with increased risks;

[(8)(A) the problems of adolescent premarital sexual relations, pregnancy, and parenthood are multiple and complex and are frequently associated with or are a cause of other troublesome situations in the family; and

[(B) such problems are best approached through a variety of integrated and essential services provided to adolescents and their families by other family members, religious and charitable organizations, voluntry associations, and other groups in the private sector as well as services provided by publicly sponsored initiatives;

[(9) a wide array of educational, health, and supportive services are not available to adolescents with such problems or to their families, or when available frequently are fragmented and thus are of limited effectiveness in discouraging adolescent premarital sexual relations and the consequences of such relations;

[(10)(A) prevention of adolescent sexual activity and adolescent pregnancy depends primarily upon developing strong family values and close family ties, and since the family is the basic social unit in which the values and attitudes of adolescents concerning sexuality and pregnancy are formed, programs designed to deal with issues of sexuality and pregnancy will be successful to the extent that such programs encourage and sustain the role of the family in dealing with adolescent sexual activity and adolescent pregnancy;

[(B) Federal policy therefore should encourage the development of appropriate health, educational, and social services where such services are now lacking or inadequate, and the better coordination of existing services where they are available; and

[(C) services encouraged by the Federal Government should promote the involvement of parents with their adolescent children, and should emphasize the provision of support by other family members, religious and charitable organizations, voluntary associations, and other groups in the private sector in order to help adolescents and their families deal with complex issues of adolescent premarital sexual relations and the consequences of such relations; and

[(11)(A) there has been limited research concerning the societal causes and consequences of adolescent pregnancy;

[(B) there is limited knowledge concerning which means of intervention are effective in mediating or eliminating adolescent premarital sexual relations and adolescent pregnancy; and

[(C) it is necessary to expand and strengthen such knowledge in order to develop an array of approaches to solving the problems of adolescent premarital sexual relations and adolescent pregnancy in both urban and rural settings.

[(b) Therefore, the purposes of this title are—

[(1) to find effective means, within the context of the family, of reaching adolescents before they become sexually active in order to maximize the guidance and support available to adolescents from parents and other family members, and to promote self discipline and other prudent approaches to the problem of adolescent premarital sexual relations, including adolescent pregnancy;

[(2) to promote adoption as an alternative for adolescent parents;

[(3) to establish innovative, comprehensive, and integrated approaches to the delivery of care services both for pregnant adolescents, with primary emphasis on unmarried adolescents who are seventeen years of age or under, and for adolescent parents, which shall be based upon an assessment of existing programs and, where appropriate, upon efforts to establish better coordination, integration, and linkages among such existing programs in order to—

[(A) enable pregnant adolescents to obtain proper care and assist pregnant adolescents and adolescent parents to become productive independent contributors to family and community life; and

[(B) assist families of adolescents to understand and resolve the societal causes which are associated with adolescent pregnancy;

[(4) to encourage and support research projects and demonstration projects concerning the societal causes and consequences of adolescent premarital sexual relations, contraceptive use, pregnancy, and child rearing;

[(5) to support evaluative research to identify effective services which alleviate, eliminate, or resolve any negative consequences of adolescent premarital sexual relations and adolescent childbearing for the parents, the child, and their families; and

[(6) to encourage and provide for the dissemination of results, findings, and information from programs and research projects relating to adolescent premarital sexual relations, pregnancy, and parenthood.

[DEFINITIONS

[SEC. 2002. (a) For the purposes of this title, the term—

[(1) "Secretary" means the Secretary of Health and Human Services;

[(2) "eligible person" means—

[(A) with regard to the provision of care services, a pregnant adolescent, an adolescent parent, or the family of a pregnant adolescent or an adolescent parent; or

[(B) with regard to the provision of prevention services and referral to such other services which may be appropriate, a nonpregnant adolescent;

[(3) "eligible grant recipient" means a public or nonprofit private organization or agency which demonstrates, to the satisfaction of the Secretary—

[(A) in the case of an organization which will provide care services, the capability of providing all care services in a single setting or the capability of creating a network through which all care services would be provided; or

[(B) in the case of an organization which will provide prevention services, the capability of providing such services;

[(4) "necessary services" means services which may be provided by grantees which are—

[(A) pregnancy testing and maturity counseling;

[(B) adoption counseling and referral services which present adoption as an option for pregnant adolescents, including referral to licensed adoption agencies in the community if the eligible grant recipient is not a licensed adoption agency;

[(C) primary and preventive health services including prenatal and postnatal care;

[(D) nutrition information and counseling;

[(E) referral for screening and treatment of venereal disease;

[(F) referral to appropriate pediatric care;

[(G) educational services relating to family life and problems associated with adolescent premarital sexual relations, including—

[(i) information about adoption;

[(ii) education on the responsibilities of sexuality and parenting;

[(iii) the development of material to support the role of parents as the provider of sex education; and

[(iv) assistance to parents, schools, youth agencies, and health providers to educate adolescents and preadolescents concerning self-discipline and responsibility in human sexuality;

[(H) appropriate educational and vocational services;

[(I) referral to licensed residential care or maternity home services; and

[(J) mental health services and referral to mental health services and to other appropriate physical health services;

[(K) child care sufficent to enable the adolescent parent to continue education or to enter into employment;

[(L) consumer education and homemaking;

[(M) counseling for the immediate and extended family members of the eligible person;

[(N) transportation;

[(O) outreach services to families of adolescents to discourage sexual relations among unemancipated minors;

[(P) family planning services; and

[(Q) such other services consistent with the purposes of this title as the Secretary may approve in accordance with regulations promulgated by the Secretary.

[(5) "core services" means those services which shall be provided by a grantee, as determined by the Secretary by regulation;

[(6) "supplemental services" means those services which may be provided by a grantee, as determined by the Secretary by regulation;

[(7) "care services" means necessary services for the provision of care to pregnant adolescents and adolescent parents and includes all core services with respect to the provision of such care prescribed by the Secretary by regulation;

[(8) "prevention services" means necessary services to prevent adolescent sexual relations, including the services described in subparagraphs (A), (D), (E), (G), (H), (M), (N), (O) and (Q) of paragraph (4);

[(9) "adolescent" means an individual under the age of nineteen; and

[(10) "unemancipated minor" means a minor who is subject to the control, authority, and supervision of his or her parents or guardians, as determined under State law.

[(b) Until such time as the Secretary promulgates regulations pursuant to the second sentence of this subsection, the Secretary shall use the regulations promulgated under title VI of the Health Services and Centers Amendments of 1978 which were in effect on the date of enactment of this title, to determine which necessary services are core services for purposes of this title. The Secretary may promulgate regulations to determine which necessary services are core services for purposes of this title based upon an evaluation of an information concerning which necessary services are essential to carry out the purposes of this title and taking into account (1) factors such as whether services are to be provided in urban or rural areas, the ethnic groups to be served, and the nature of the populations to be served, and (2) the results of the evaluations required under section 2006(b). The Secretary may from time to time revise such regulations.

[AUTHORITY TO MAKE GRANTS FOR DEMONSTRATION PROJECTS

[SEC. 2003. (a) The Secretary may make grants to further the purposes of this title to eligible grant recipients which have submitted an application which the Secretary finds meets the requirements of section 2006 for demonstration projects which the Secretary determines will help communities provide appropriate care and prevention services in easily accessible locations. Demonstration projects shall, as appropriate, provide, supplement, or improve the quality of such services. Demonstration projects shall use such methods as will strengthen the capacity of families to deal with the sexual behavior, pregnancy, or parenthood of adolescents and to make use of support systems such as other family members, friends, religious and charitable organizations, and voluntary associations.

[(b) Grants under this title for demonstration projects may be for the provision of—

[(1) care services;

[(2) prevention services; or

[(3) a combination of care services and prevention services.

[USES OF GRANTS FOR DEMONSTRATION PROJECTS FOR SERVICES

[SEC. 2004. (a) Except as provided in subsection (b), funds provided for demonstration projects for services under this title may be used by grantees only to—

[(1) provide to eligible persons—

[(A) care services;

[(B) prevention services; or

[(C) care and prevention services (in the case of a grantee who is providing a combination of care and prevention services);

[(2) coordinate, integrate, and provide linkages among providers of care, prevention, and other services for eligible persons in furtherance of the purposes of this title;

[(3) provide supplemental services where such services are not adequate or not available to eligible persons in the community and which are essential to the care of pregnant adolescents and to the prevention of adolescent premarital sexual relations and adolescent pregnancy;

[(4) plan for the administration and coordination of pregnancy prevention services and programs of care for pregnant adolescents and adolescent parents which will further the objectives of this title; and

[(5) fulfill assurances required for grant apporval by section 2006.

[(b)(1) No funds provided for a demonstration project for services under this title may be used for the provision of family planning services (other than counseling and referral services) to adolescents unless appropriate family planning services are not otherwise available in the community.

[(2) Any grantee who receives fund for a demonstration project for services under this title and who, after determining under paragraph (1) that appropriate family planning services are not otherwise available in the community, provides family planning services (other than counseling and referral services) to adolescents may only use funds provided under this title for such family planning services if all funds received by such grantee from all other sources to support such family planning services are insufficient to support such family planning services.

[(c) Grantees who receive funds for a demonstration project for services under this title shall charge fees for services pursuant to a fee schedule approved by the Secretary as a part of the application described in section 2006 which bases fees charges by the grantee on the income of the eligible person or the parents or legal guardians of the eligible person and takes into account the difficulty adolescents face in obtaining resources to pay for services. A grantee who receives funds for a demonstration project for services under this title may not, in any case, discriminate with regard to the provision of services to an individual because of that individual's inability to provide payment for such services, except that in determining the ability of an unemancipated minor to provide payment for services, the income of the family of an unemancipated minor

shall be considered in determining the ability of such minor to make such payments unless the parents or guardians of the unemancipated minor refuse to make such payments.

[PRIORITIES, AMOUNTS, AND DURATION OF GRANTS FOR DEMONSTRATION PROJECTS FOR SERVICES

[SEC. 2005. (a) In approving applications for grants for demonstration projects for services under this title, the Secretary shall give priority to applicants who—

[(1) serve an area where there is a high incidence of adolescent pregnancy;

[(2) serve an area with a high proportion of low-income families and where the availability of programs of care for pregnant adolescents and adolescent parents is low;

[(3) show evidence—

[(A) in the case of an applicant who will provide care services, of having the ability to bring together a wide range of needed core services and, as appropriate, supplemental services in comprehensive single-site projects, or to establish a well-integrated network of such services (appropriate for the target population and geographic area to be served including the special needs of rural areas) for pregnant adolescents or adolescent parents; or

[(B) in the case of an applicant who will provide prevention services, of having the ability to provide prevention services for adolescents and their families which are appropriate for the target population and the geographic area to be served, including the special needs of rural areas;

[(4) will utilize to the maximum extent feasible existing available programs and facilities such as neighborhood and primary health care centers, maternity homes which provide or can be equipped to provide services to pregnant adolescents, agencies serving families, youth, and children with established programs of service to pregnant adolescents and vulnerable families, licensed adoption agencies, children and youth centers, maternal and infant health centers, regional rural health facilities, school and other educational programs, mental health programs, nutrition programs, recreation programs, and other ongoing pregnancy prevention services and programs of care for pregnant adolescents and adolescent parents;

[(5) make use, to the maximum extent feasible, of other Federal, State, and local funds, programs, contributions, and other third-party reimbursements;

[(6) can demonstrate a community commitment to the program by making available to the demonstration project non-Federal funds, personnel, and facilities;

[(7) have involved the community to be served, including public and private agencies, adolescents, and families, in the planning and implementation of the demonstration project; and

[(8) will demonstrate innovative and effective approaches in addressing the problems of adolescent premarital sexual relations, pregnancy, or parenthood, including approaches to provide pregnant adolescents with adequate information about adoption.

[(b)(1) The amount of a grant for a demonstration project for services under this title shall be determined by the Secretary, based on factors such as the incidence of adolescent pregnancy in the geographic area to be served, and the adequacy of pregnancy prevention services and programs of care for pregnant adolescents and adolescent parents in such area.

[(2) In making grants for demonstration projects for services under this title, the Secretary shall consider the special needs of rural areas and, to the maximum extent practicable, shall distribute funds taking into consideration the relative number of adolescents in such areas in need of such services.

[(c)(1) A grantee may not receive funds for a demonstration project for services under this title for a period in excess of 5 years.

[(2)(A) Subject to paragraph (3), a grant for a demonstration project for services under this title may not exceed—

[(i) 70 per centum of the costs of the project for the first and second years of the project;

[(ii) 60 per centum of such costs for the third year of the project;

[(iii) 50 per centum of such costs for the fourth year of the project; and

[(iv) 40 per centum of such costs for the fifth year of the project.

[(B) Non-Federal contributions required by subparagraph (A) may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

[(3) The Secretary may waive the limitation specified in paragraph (2)(A) for any year in accordance with criteria established by regulation.

[REQUIREMENTS FOR APPLICATIONS

[SEC. 2006. (a) An application for a grant for a demonstration project for services under this title shall be in such form and contain such information as the Secretary may require, and shall include—

[(1) an identification of the incidence of adolescent pregnancy and related problems;

[(2) a description of the economic conditions and income levels in the geographic area to be served;

[(3) a description of existing pregnancy prevention services and programs of care for pregnant adolescents and adolescent parents (including adoption services), and including where, how, by whom, and to which population groups such services are provided, and the extent to which they are coordinated in the geographic area to be served;

[(4) a description of the major unmet needs for services for adolescents at risk of initial or recurrent pregnancies and an estimate of the number of adolescents not being served in the area;

[(5)(A) in the case of an applicant who will provide care services, a description of how all core services will be provided in the demonstration project using funds under this title or will otherwise be provided by the grantee in the area to be served, the population to which such services will be provided, how such services will be coordinated, integrated, and linked with other related programs and services and the source or sources of funding of such core services in the public and private sectors; or

[(B) in the case of an applicant who will provide prevention services, a description of the necessary services to be provided and how the applicant will provide such services;

[(6) a description of the manner in which adolescents needing services other than the services provided directly by the applicant will be identified and how access and appropriate referral to such other services (such as medicaid; licensed adoption agencies; maternity home services; public assistance; employment services; child care services for adolescent parents; and other city, county, and State programs related to adolescent pregnancy) will be provided, including a description of a plan to coordinate such other services with the services supported under this title;

[(7) a description of the applicant's capacity to continue services as Federal funds decrease and in the absence of Federal assistance;

[(8) a description of the results expected from the provision of services, and the procedures to be used for evaluating those results;

[(9) a summary of the views of public agencies, providers of services, and the general public in the geographic area to be served, concerning the proposed use of funds provided for a demonstration project for services under this title and a description of procedures used to obtain those views, and, in the case of applicants who propose to coordinate services administered by a State, the written comments of the appropriate State officials responsible for such services;

[(10) assurances that the applicant will have an ongoing quality assurance program;

[(11) assurances that, where appropriate, the applicant shall have a system of maintaining the confidentiality of patient records in accordance with regulations promulgated by the Secretary;

[(12) assurances that the applicant will demonstrate its financial responsibility by the use of such accounting procedures and other requirements as may be prescribed by the Secretary;

[(13) assurances that the applicant (A) has or will have a contractual or other arrangement with the agency of the State (in which the applicant provides services) that administers or supervises the administration of a State plan approved under title XIX of the Social Security Act for the payment of all or a part of the applicant's costs in providing health services to persons who are eligible for medical assistance under such a State plan, or (B) has made or will make every reasonable effort to enter into such an arrangement;

[(14) assurances that the applicant has made or will make and will continue to make every reasonable effort to collect appropriate reimbursement for its costs in providing health services to persons who are entitled to benefits under title V of the Social Security Act, to medical assistance under a State plan approved under title XIX of such Act, or to assistance for medical expenses under any other public assistance program or private health insurance program;

[(15) assurance that the applicant has or will make and will continue to make every reasonable effort to collect appropriate reimbursement for its costs in providing services to persons entitled to services under parts B and E of title IV and title XX of the Social Security Act;

[(16)(A) a description of—

[(i) the schedule of fees to be used in the provision of services, which shall comply with section 2004(c) and which shall be designed to cover all reasonable direct and indirect costs incurred by the applicant in providing services; and

[(ii) a corresponding schedule of discounts to be applied to the payment of such fees, which shall comply with section 2004(c) and which shall be adjusted on the basis of the ability of the eligible person to pay;

[(B) assurances that the applicant has made and will continue to make every reasonable effort—

[(i) to secure from eligible persons payment for services in accordance with such schedules;

[(ii) to collect reimbursement for health or other services provided to persons who are entitled to have payment made on their behalf for such services under any Federal or other government program or private insurance program; and

[(iii) to seek such reimbursement on the basis of the full amount of fees for servcies without application of any discount; and

[(C) assurances that the applicant has submitted or will submit to the Secretary such reports as the Secretary may require to determine compliance with this paragraph;

[(17) assurances that the applicant will make maximum use of funds available under title X of this Act;

[(18) assurances that the acceptance by any individual of family planning services or family planning information (including educational materials) provided through financial assistance under this title shall be voluntary and shall not be prerequisite to eligibility for or receipt of any other service furnished by the applicant;

[(19) assurances that fees collected by the applicant for services rendered in accordance with this title shall be used by the applicant to further the purposes of this title;

[(20) assurances that the applicant, if providing both prevention and care services will not exclude or discriminate against any adolescent who receives prevention services and subsequently requires care services as a pregnant adolescent;

[(21) a description of how the applicant will, as appropriate in the provision of services—

[(A) involve families of adolescents in a manner which will maximize the role of the family in the solution of problems relating to the parenthood or pregnancy of the adolescent;

[(B) involve religious and charitable organizations, voluntary associations, and other groups in the private sector as well as services provided by publicly sponsored initiatives;

[(22)(A) assurances that—

[(i) except as provided in subparagraph (B) and subject to clause (ii), the applicant will notify the parents or guardians of any unemancipated minor requesting services from the applicant and, except as provided in subparagraph (C), will obtain the permission of such parents or guardians with respect to the provision of such services; and

[(ii) in the case of a pregnant unemancipated minor requesting services from the applicant, the applicant will notify the parents or guardians of such minor under clause (i) within a reasonable period of time;

[(B) assurances that the applicant will not notify or request the permission of the parents or guardian of any unemancipated minor without the consent of the minor—

[(i) who solely is requesting from the applicant pregnancy testing or testing or treatment for venereal disease;

[(ii) who is the victim of incest involving a parent; or

[(iii) if an adult sibling of the minor or an adult aunt, uncle, or grandparent who is related to the minor by blood certifies to the grantee that notification of the parents or guardians of such minor would result in physical injury to such minor; and

[(C) assurances that the applicant will not require, with respect to the provision of services, the permission of the parents or guardians of any pregnant unemancipated minor if such parents or guardians are attempting to compel such minor to have an abortion;

[(23) assurances that primary emphasis for services supported under this title shall be given to adolescents seventeen and under who are not able to obtain needed assistance through other means;

[(24) assurances that funds received under this title shall supplement and not supplant funds received from any other Federal, State, or local program or any private sources of funds; and

[(25) a plan for the conduct of, and assurances that the applicant will conduct, evaluations of the effectiveness of the services supported under this title in accordance with subsection (b).

[(b)(1) Each grantee which receives funds for a demonstration project for services under this title shall expend at least 1 per centum but not in excess of 5 per centum of the amounts received under this title for the conduct of evaluations of the services supported under this title. The Secretary may, for a particular grantee upon good cause shown, waive the provisions of the preceding sentence with respect to the amounts to be expended on evaluations, but may not waive the requirement that such evaluations be conducted.

[(2) Evaluations required by paragraph (1) shall be conducted by an organization or entity which is independent of the grantee providing services supported under this title. To assist in conducting the evaluations required by paragraph (1), each grantee shall develop a working relationship with a college or university located in the grantee's State which will provide or assist in providing monitoring and evaluation of services supported under this title unless no college or university in the grantee's State is willing or has the capacity to provide or assist in providing such monitoring and assistance.

[(3) The Secretary may provide technical assistance with respect to the conduct of evaluations required under this subsection to any grantee which is unable to develop a working relationship with a college or university in the applicant's State for the reasons described in paragraph (2).

[(c) Each grantee which receives funds for a demonstration project for services under this title shall make such reports concerning its use of Federal funds as the Secretary may require. Reports shall include, at such times as are considered appropriate by the Secretary, the results of the evaluations of the services supported under this title.

[(d)(1) A grantee shall periodically notify the Secretary of the exact number of instances in which a grantee does not notify the parents or guardians of a pregnant unemanicpated minor under subsection (a)(22)(B)(iii).

[(2) For purposes of subsection (a)(22)(B)(iii), the term "adult" means an adult as defined by State law.

[(e) Each applicant shall provide the Governor of the State in which the applicant is located a copy of each application submitted to the Secretary for a grant for a demonstration project for services under this title. The Governor shall submit to the applicant comments on any such application within the period of sixty days beginning on the day when the Governor receives such copy. The applicant shall include the comments of the Governor with such application.

[(f) No application submitted for a grant for a demonstration project for care services under this title may be approved unless the Secretary is satisfied that core services shall be available through the applicant within a reasonable time after such grant is received.

[COORDINATION OF FEDERAL AND STATE PROGRAMS

[SEC. 2007. (a) The Secretary shall coordinate Federal policies and programs providing services relating to the prevention of adolescent sexual relations and initial and recurrent adolescent pregnancies and providing care services for pregnant adolescents. In achieving such coordination, the Secretary shall—

[(1) require grantees who receive funds for demonstration projects for services under this title to report periodically to the Secretary concerning Federal, State, and local policies and programs that interfere with the delivery of and coordination of pregnancy prevention services and other programs of care for pregnant adolescents and adolescent parents;

[(2) provide technical assistance to facilitate coordination by State and local recipients of Federal assistance;

[(3) review all programs administered by the Department of Health and Human Services which provide prevention services or care services to determine if the policies of such programs are consistent with the policies of this title, consult with other departments and agencies of the Federal Government who administer programs that provide such services, and encourage such other departments and agencies to make recommendations, as appropriate, for legislation to modify such programs in order to facilitate the use of all Government programs which provide such services as a basis for delivery of more comprehensive prevention services and more comprehensive programs of care for pregnant adolescents and adolescent parents;

[(4) given priority in the provision of funds, where appropriate, to applicants using single or coordinated grant applications for multiple programs; and

[(5) give priority, where appropriate, to the provision of funds under Federal programs administered by the Secretary (other than the program established by this title) to projects providing comprehensvie prevention services and comprehensive programs of care for pregnant adolescents and adolescent parents.

[(b) Any recipient of a grant for a demonstration project for services under this title shall coordinate its activities with any other recipient of such a grant which is located in the same locality.

[RESEARCH

[SEC. 2008. (a)(1) The Secretary may make grants and enter into contracts with public agencies or private organizations or institutions of higher education to support the research and dissemination activities described in paragraphs (4), (5), and (6) of section 2001(b).

[(2) The Secretary may make grants or enter into contracts under this section for a period of one year. A grant or contract under this section for a project may be renewed for four additional one-year periods, which need not be consecutive.

[(3) A grant or contract for any one-year period under this section may not exceed $100,000 for the direct costs of conducting research or dissemination activities under this section and may include such additional amounts for the indirect costs of conducting such activities as the Secretary determines appropriate. The Secretary may waive the preceding sentence with respect to a specific project if he determines that—

[(A) exceptional circumstances warrant such waiver and that the project will have national impact; or

[(B) additional amounts are necessary for the direct costs of conducting limited demonstration projects for the provision of necessary services in order to provide data for research carried out under this title.

[(4) The amount of any grant or contract made under this section may remain available for obligation or expenditure after the close of the one-year period for which such grant or contract is made in order to assist the recipient in preparing the report required by subsection (f)(1).

[(b)(1) Funds provided for research under this section may be used for descriptive or explanatory surveys, longitudinal studies, or limited demonstration projects for services that are for the purpose of increasing knowledge and understanding of the matters described in paragraphs (4) and (5) of section 2001(b).

[(2) Funds provided under this section may not be used for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than minor remodeling) of any building or facility.

[(c) The Secretary may not make any grant or enter into any contract to support research or dissemination activities under this section unless—

[(1) the Secretary has received an application for such grant or contract which is in such form and which contains such information as the Secretary may by regulation require;

[(2) the applicant has demonstrated that the applicant is capable of conducting one or more of the types of research or dissemination activities described in paragraph (4), (5), or (6) of section 2001(b); and

[(3) in the case of an application for a research project, the panel established by subsection (e)(2) has determined that the project is of scientific merit.

[(d) The Secretary shall, where appropriate, coordinate research and dissemination activities carried out under this section with research and dissemination activities carried out by the National Institutes of Health.

[(e)(1) The Secretary shall establish a system for the review of applications for grants and contracts under this section. Such system shall be substantially similar to the system for scientific peer review of the National Institutes of Health and shall meet the requirements of paragraphs (2) and (3).

[(2) In establishing the system required by paragraph (1), the Secretary shall establish a panel to review applications under this section. Not more than 25 per centum of the members of the panel shall be physicians. The panel shall meet as often as may be necessary to facilitate the expeditious review of applications under this section, but not less than once each year. The panel shall review each project for which an application is made under this section, evaluate the scientific merit of the project, determine whether the project is of scientific merit, and make recommendations to the Secretary concerning whether the application for the project should be approved.

[(3) The Secretary shall make grants under this section from among the projects which the panel established by paragraph (2) has determined to be of scientific merit and may only approve an application for a project if the panel has made such determination with respect to such a project. The Secretary shall make a determination with respect to an application within one month after receiving the determinations and recommendations of such panel with respect to the application.

[(f)(1)(A) The recipient of a grant or contract for a research project under this section shall prepare and transmit to the Secretary a report describing the results and conclusions of such research. Except as provided in subparagraph (B), such report shall be transmitted to the Secretary not later than eighteen months after the end of the year for which funds are provided under this section. The recipient may utilize reprints of articles published or accepted for publication in professional journals to supplement or replace such report if the research contained in such articles was supported under this section during the year for which the report is required.

[(B) In the case of any research project for which assistance is provided under this section for two or more consecutive one-year periods, the recipient of such assistance shall prepare and transmit the report required by subparagraph (A) to the Secretary not later than twelve months after the end of each one-year period for which such funding is provided.

[(2) Recipients of grants and contracts for dissemination under this section shall submit to the Secretary such reports as the Secretary determines appropriate.

[EVALUATION AND ADMINISTRATION

[SEC. 2009. (a) Of the funds appropriated under this title, the Secretary shall reserve not less than 1 per centum and not more than 3 per centum for the evaluation of activities carried out under this title. The Secretary shall submit to the appropriate committees of the Congress a summary of each evaluation conducted under this section.

[(b) The officer or employee of the Department of Health and Human Services designated by the Secretary to carry out the provisions of this title shall report directly to the Assistant Secretary for Health with respect to the activities of such officer or employee in carrying out such provisions.

[AUTHORIZATION OF APPROPRIATIONS

[SEC. 2010. (a) For the purpose of carrying out this title, there are authorized to be appropriated $30,000,000 for the fiscal year ending September 30, 1982, $30,000,000 for the fiscal year ending September 30, 1983, $30,000,000 for the fiscal year ending September 30, 1984, and $30,000,000 for the fiscal year ending September 30, 1985.

[(b) At least two-thirds of the amounts appropriated to carry out this title shall be used to make grants for demonstration projects for services.

[(c) Not more than one-third of the amounts specified under subsection (b) for use for grants for demonstration projects for services shall be used for grants for demonstration projects for prevention services.

[RESTRICTIONS

[SEC. 2011. (a) Grants or payments may be made only to programs or projects which do not provide abortions or abortion counseling or referral, or which do not subcontract with or make any payment to any person who provides abortions or abortion counseling or referral, except that any such program or project may provide referral for abortion counseling to a pregnant adolescent if such adolescent and the parents or guardians of such adolescent request such referral; and grants may be made only to projects or programs which do not advocate, promote, or encourage abortion.

[(b) The Secretary shall ascertain whether programs or projects comply with subsection (a) and take appropriate action if programs or projects do not comply with such subsection, including withholding of funds.]

TITLE XX—ADOLESCENT PREGNANCY PREVENTION, CARE, AND RESEARCH GRANTS

FINDINGS AND PURPOSES

SEC. 2001. (a) FINDINGS.—Congress finds that—

(1) adolescents are at a high risk of unwanted pregnancy;

(2) in 1986, more than 1,000,000 teenagers became pregnant, and nearly 500,000 teenagers carried their pregnancies to term, of which 6 out of 10 births were out of wedlock;

(3) adolescents aged 17 and younger accounted for 46 percent of the out of wedlock births to teenagers;

(4) in a high proportion of cases, the pregnant adolescent is herself the product of an unmarried parenthood during adolescence and is continuing the pattern in her own lifestyle;

(5) pregnancy and childbirth among unmarried adolescents, particularly young adolescents, often results in severe adverse health, social, and economic consequences, including—

(A) higher percentage of pregnancy and childbirth complications;

(B) higher incidence of low birth weight babies;

(C) higher infant mortality and morbidity;

(D) greater likelihood that an adolescent marriage will end in divorce;

(E) decreased likelihood of completing schooling; and

(F) higher risks of unemployment and welfare dependency; and

therefore, education, training, and job research services are important for adolescent parents; and

(6) an adolescent who becomes pregnant once is likely to experience rapid repeat pregnancies and childbearing, with increased risks;

(7) research has shown that in cases in which there is a family involvement in comprehensive values-based projects and services—

(A) low birth weight is significantly reduced;

(B) delays in initiating sexual activity occur;

(C) there are significant reductions in repeat pregnancy, welfare costs, and child abuse; and

(D) teens are more likely to return and complete their high school education; and

therefore, the family should become a partner in the development of curriculum and programs that reflect the values of the community;

(8) the problems of adolescent pregnancy and parenthood are multiple and complex and are best approached through a variety of integrated and essential services, particularly those that allow the pregnant adolescent and adolescent parent to stay in school;

(9) such services, including a wide array of educational and supportive services, often are not available to the adolescents who need them, or are available but fragmented and thus of limited effectiveness in preventing pregnancies and future welfare dependency; and

(10) Federal policy therefore should encourage the development of appropriate health, educational, and social services where they are now lacking or inadequate, and the better coordination of existing services where they are available in order to prevent unwanted early and repeat pregnancies and to help adolescents become productive, independent contributors to family and community life.

(b) PURPOSES.—It is the purpose of this title—

(1) to establish better coordination, integration, and linkages among existing programs in order to expand and improve the availability of, and access to, needed comprehensive community services that assist in preventing unwanted initial and repeat pregnancies among adolescents, enable pregnant adolescents to obtain proper care and assist pregnant adolescents and adolescent parents to become productive independent contributors to family and community life, with primary emphasis on services to adolescents who are 17 years of age and under and are pregnant or who are parents;

(2) to expand the availability of such services that are essential to that objective;

(3) to promote innovative, comrehensive, and integrated approaches to the delivery of such services;

(4) to encourage and support research programs concerning the societal causes and consequences of pregnancy, childbearing, and child rearing for adolescent females and males;

(5) to support evaluative research to identify effective services that reduce adolescent pregnancy rates and that improve the outcome of adolescent childbearing for the parents, the child, and their families; and

(6) to encourage and provide for the dissemination of results, findings, and information from programs and research projects relating to adolescent pregnancy and parenthood.

DEFINITIONS

SEC. 2002. For the purposes of this title:

(1) ADOLESCENT.—The term "adolescent" means an individual under the age of 21.

(2) Care Services.—The term "care services" means all services for the provision of care to pregnant adolescents and adolescent parents. Such term shall include all core services and may include supplementary services, in accordance with regulations prescribed by the Secretary.

(3) Core Services.—The term "core services" means those services that shall be provided by a grantee, as determined by the Secretary by regulation, which shall include—

(A) pregnancy testing and maternity counseling, or referral for such services;

(B) family planning services, except that such services for adolescents who are not already parents shall be limited to counseling and referral unless suitable and appropriate family planning services are not otherwise available in the community;

(C) primary and preventive health services, including prenatal and postnatal care for mother and children and arrangements for delivery;

(D) nutrition information and counseling;

(E) referral for screening and treatment of sexually transmitted diseases, including acquired immunodeficiency syndrome;

(F) referral to appropriate pediatric care;

(G) educational services relating to sexuality and family life, including—

(i) education and responsible decisionmaking regarding sexual activity;

(ii) education on the responsibilities of parenting;

(iii) education on a full range of means for delaying becoming pregnant, including contraception, natural family planning, and abstinence; and

(iv) assistance to parents, schools, youth agencies, and health care providers to educate adolescents and pre-adolescents concerning self-discipline and responsibility in human sexuality;

(H) referral to appropriate educational, employment, and vocational services;

(I) adoption counseling services, that present adoption as an option for pregnant adolescents, or referral to a licensed adoption agency for adoption counseling;

(J) mental health services and referral to mental health services and to other appropriate physical health services; and

(K) encouragement of parent and family involvement in each of the core services described in subparagraphs (A) through (J).

(4) Eligible Grant Recipient.—The term "eligible grant recipient" means a public or nonprofit private organization or agency that demonstrates, to the satisfaction of the Secretary—

(A) in the case of an organization that will provide care services, the capability of providing all care services in a single setting or the capability of creating a network through which all care services would be provided; or

(B) in the case of an organization that will provide prevention services, the capability of providing such services.

(5) Eligible Person.—The term "eligible person" means—

(A) with regard to the provision of care services, a pregnant adolescent or an adolescent parent; or

(B) with regard to the provision of prevention services and referral to such other services that may be appropriate, an adolescent who is not already a parent.

(6) Prevention Services.—The term "prevention services" means services described in subparagraphs (B) and (G) of paragraph (3) and referrals to such other services that may be appropriate for adolescents who are not already parents and includes services to be offered in schools at local discretion.

(7) Secretary.—The term "Secretary" means the Secretary of Health and Human Services.

(8) Supplemental Services.—The term "supplemental services" means those services that may be provided by a grantee, as determined by the Secretary by regulation, which may include—

(A) child care sufficient to enable the adolescent parent to continue education or to enter into employment, including services to be provided within secondary schools at local discretion;

(B) consumer education and homemaking;

(C) counseling for the immediate and extended family members of the eligible person;

(D) transportation;

(E) referral to licensed residential care or maternity home services;

(F) referral to licensed adoption agencies for adoption placement services;

(G) employability training and counseling; and

(H) such other services as are consistent with this title as the Secretary may approve in accordance with regulations promulgated by the Secretary.

AUTHORITY TO MAKE GRANTS FOR SERVICES

Sec. 2003. The Secretary may make grants to provide care services to pregnant adolescents and adolescent parents and prevention services to nonpregnant adolescents. Grants shall be used to provide, supplement, or improve the quality of such services.

USE OF GRANTS FOR SERVICES

Sec. 2004. (a) Uses.—A grant made under this title may be used to—

(1) provide eligible persons—

(A) care services;

(B) prevention services; or

(C) any combination of care and prevention services;

(2) coordinate, integrate, and provide linkages among providers of care, prevention, and other services for eligible persons in furtherance of the purposes of this title;

(3) provide supplemental services where such services are not adequate or not available to eligible persons in the community

and that are essential to the care of pregnant adolescents and to the prevention of adolescent pregnancy;

(4) plan, for a period of not more than 1 year, for the administration and coordination of pregnancy prevention services and programs of care for pregnant adolescents and adolescent parents that will further the objectives of this title; and

(5) fulfill assurances required for grant approval by section 2006.

(b) FEES.—Grantees shall charge fees for services only pursuant to a fee schedule, approved by the Secretary as a part of the application described in section 2006, that bases fees charged by the grantee on the income of the eligible person and takes into account the difficulty adolescents face in obtaining resources to pay for services. In no case may a grantee discriminate with regard to the provision of services to any individual because of that individual's inability to provide payment for such services.

PRIORITIES, AMOUNTS, AND DURATION OF GRANTS FOR SERVICES

SEC. 2005. (a) PRIORITIES.—In approving applications for grants for services under this title, the Secretary shall give priority to applicants who—

(1) serve an area where there is a high incidence of adolescent pregnancy;

(2) serve an area with a high proportion of low-income families and where the availability of programs of care for pregnant adolescents and adolescent parents is low;

(3) show evidence—

(A) in the case of an applicant who will provide care services, of having the ability to bring together a wide range of needed core services and, as appropriate, supplement services in comphensive single-site programs, or to establish a well-intergrated network of such services (appropriate for the target population and geograhic area to be served including the special needs of rural areas) for pregnant adolescents or adolescent parents; or

(B) in the case of an applicant who will provide prevention services, of having the ability to provide prevention services for adolescents and their families that are appropriate for the target population and the geographic area to be served, including the special needs of rural areas;

(4) will utilize to the maximum extent feasible existing available programs and facilities such as community health centers, child welfare agencies, children and youth centers, maternal and infant health centers, regional rural health facilities, licensed adoption agencies, maternity homes, school and other educational programs, family planning clinics, mental health programs, nutrition programs, recreation programs, and other ongoing pregnancy prevention and pregnancy-related services;

(5) make use, to the maximum extent feasible, of other Federal, State, and local funds, programs, contributions, and other third-party reimbursements;

(6) can demonstrate a community commitment to the program by making available to the program non-Federal funds, personnel, and facilities;

(7) have involved the community to be served, including public and nonprofit private agencies, adolescents, and families, in the planning and implementation of the program; and

(8) will demonstrate innovative and effective approaches in addressing the problems of adolescent pregnancy or parenthood, including approaches to provide pregnant adolescents with adequate information about adoption.

(b) AMOUNTS.—

(1) IN GENERAL.—The amount of a grant for a program for services under this title shall be determined by the Secretary, based on factors such as the incidence of adolescent pregnancy in the geographic area to be served, and the adequacy of pregnancy prevention services and programs of care for pregnant adolescents and adolescent parents in such area.

(2) RURAL AREAS.—In making grants for services under this title, the Secretary shall consider the special needs of rural areas and, to the maximum extent practicable, shall distribute funds taking into consideration the relative number of adolescents in such areas in need of such services.

(c) FEDERAL SHARE.—

(1) IN GENERAL.—Subject to paragraph (3), a grant for services under this title may not exceed 75 percent of the costs of the program for any year.

(2) FORM OF NON-FEDERAL CONTRIBUTIONS.—Non-Federal contributions required by paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(3) WAIVER.—The Secretary may waive the limitation specified in paragraph (1) for any yaer in accordance with criteria established by regulation.

REQUIREMENTS FOR APPLICATIONS FOR GRANTS FOR SERVICES

SEC. 2006. (a) IN GENERAL.—An application for a grant for services under this title shall be in such form and contain such information as the Secretary may require, and shall include—

(1) an identification of the incidence of adolescent pregnancy and related problems;

(2) a description of the economic conditions and income levels in the geographic area to be served;

(3) a description of existing pregnancy prevention services and programs of care for pregnant adolescents and adolescent parents (including adoption services), and including where, how, by whom, and to which population groups such services are provided, and the extent to which they are coordinated in the geographic area to be served;

(4) a description of the major unmet needs for services for adolescents at risk of initial or recurrent pregnancies and an estimate of the number of adolescents not being served in the area;

(5)(A) in the case of an applicant who will provide care services, a description of how all core services will be provided in

the program using funds under this title or will otherwise be provided by the grantee in the area to be served, the population to which such services will be provided, how such services will be coordinated, integrated, and linked with other related programs and services and the source or sources of funding of such core services in the public and private sectors; or

(B) in the case of an applicant who will provide prevention services, a description of the necessary services to be provided and how the applicant will provide such services;

(6) a description of the manner in which adolescents needing services other than the services provided directly by the applicant will be identified and how access and appropriate referral to such other services (such as medicaid; licensed adoption agencies; maternity home services; public assistance; employment services; child care services for adolescent parents; and other city, county, and State programs related to adolescent pregnancy) will be provided, including a description of a plan to coordinate such other services with the services supported under this title;

(7) a description of the results expected from the provision of services, and the procedures to be used for evaluating those results;

(8) assurances that the applicant will have an ongoing quality assurance program;

(9) assurances that the applicant shall have a system for maintaining the confidentiality of patient records in accordance with regulations prescribed by the Secretary;

(10) assurances that the applicant will demonstrate its financial responsibility by the use of such accounting procedures and other requirements as may be prescribed by the Secretary;

(11) assurances that the applicant will make maximum use of other sources of Federal and State funding;

(12)(A) a description of—

(i) the schedule of fees to be used in the provision of services, which shall comply with section 2004(c); and

(ii) a corresponding schedule of discounts to be applied to the payment of such fees, which shall comply with section 2004(b) and which shall be adjusted on the basis of the ability of the eligible person to pay;

(B) assurances that the applicant has made and will continue to make every reasonable effort—

(i) to secure from eligible persons payment for services in accordance with such schedules;

(ii) to collect reimbursement for health or other services provided to persons who are entitled to have payment made on their behalf for such services under any Federal or other government program or private insurance program; and

(iii) to seek such reimbursement on the basis of the full amount of fees for services without application of any discount; and

(C) assurances that the applicant has submitted or will submit to the Secretary such reports as the Secretary may require to determine compliance with this paragraph;

(13) assurances that the applicant will make maximum use of funds available under title X;

(14) assurances that the acceptance by any indiviual of family planning services or family planning information (including educational materials) provided through financial assistance under this title shall be voluntary and shall not be a prerequisite to eligibility for or receipt of any other service furnished by the applicant;

(15) assurances that fees collected by the applicant for services rendered in accordance with this title shall be used by the applicant to further the purposes of this title;

(16) assurances that the applicant, if providing both prevention and care services, will not exclude or discriminate against any adolescent who receives prevention services and subsequently requires care services as a pregnant adolescent;

(17) a description of how the applicant will ascertain whether services for which adolescents have been referred have actually been obtained and develop a plan to ensure that needed services actually are received;

(18) assurances that unemancipated minors requesting services from the applicant will be encouraged to consult with their parents with respect to such services and that services shall not be denied to unemancipated minors who decide not to consult their parents;

(19) assurances that all pregnant adolescents receiving services will be informed of the availability of counseling (either by the entity providing core services or through a referral agreement with such other entity that provides such counseling) on all options, regarding the pregnancy;

(20) assurances that primary emphasis for services supported under this title shall be given to adolescents 17 and under who are not able to obtain needed assistance through other means;

(21) assurances that funds received under this title shall not supplant funds received from any other Federal, State, or local program or any private sources of funds; and

(22) a plan for the conduct of, and assurances that the applicant will conduct, evaluations of the effectiveness of the services supported under this title in accordance with subsection (b).

(b) EVALUATIONS.—

(1) IN GENERAL.—Each grantee that receives funds for a grant for services under this title shall expend at least 3 percent but not in excess of 10 percent of the amounts received under this title for the conduct of evaluations of the services supported under this title. The Secretary may, for a particular grantee on good cause shown, waive the preceding sentence with respect to the amounts to be expended on evaluations, but may not waive the requirement that such evaluations be conducted.

(2) INDEPENDENT EVALUATION.—Evaluations required by paragraph (1) shall be conducted by an organization or entity that is independent of the grantee providing services supported under this title.

(3) MULTI-SITE EVALUATIONS.—Grantees may use not to exceed on half of the 10 percent amount referred to in paragraph (1), to participate in a multisite evaluation. Such funds may be pooled

by grantees to enable such grantees to conduct a study to determine the effectiveness of different combinations of services.

(c) REPORTS.—

(1) IN GENERAL—Each grantee that participates in the program established by this title shall make such reports concerning its use of Federal funds as the Secretary may require, including reports on prevention programs and care programs.

(2) CONTENTS OF REPORTS ON PREVENTION PROGRAMS.—Reports on prevention programs shall be in a standard format as prescribed by the Secretary and shall include a description of—

(A) the characteristics, educational attainments, and economic status of clients;

(B) the clients' previous exposure in home, school, or other locations to educational efforts regarding sexuality and family life;

(C) the types of interventions employed in the prevention program;

(D) the before and after outcome measurements on variables appropriate to the intervention;

(E) to the extent possible and where appropriate to program goals, the pregnancy and sexually transmitted disease rates subsequent to intervention; and

(F) the extent of parent or family involvement in the program.

(3) CONTENTS OF REPORTS ON CARE PROGRAMS.—Reports on care programs shall be in standard format as prescribed by the Secretary and shall include a description of—

(A) the characteristics, health history, educational attainments, and economic status of clients at the time of entry;

(B) the client prenatal care and pregnancy outcome, complications of pregnancy and delivery, and infant birth outcomes;

(C) the characteristics, educational attainments, and economic status of clients at time of follow-up and infant follow-up information;

(D) the types of services provided to clients; and

(E) the extent of parent or family involvement in the services provided.

(4) COMPARISON DATA.—Reports on prevention programs and care programs shall include control group data or other appropriate comparison data to provide comparisons with project data and to indicate program impact or effectiveness.

(5) FOLLOW-UP DATA.—Reports on prevention programs and care programs shall include, to the extent possible, follow-up data on a random sample of program graduates and dropouts.

(d) TIMING OF SERVICES.—No application submitted for a grant for a program for care services under this title may be approved unless the Secretary is satisfied that core services shall be available through the applicant within a reasonable time after such grant is received.

COORDINATION OF FEDERAL AND STATE PROGRAMS

Sec. 2007. (a) Federal Programs.—The Secretary shall coordinate Federal policies and programs providing services relating to the prevention of initial and recurrent adolescent pregnancies and providing care services for pregnant adolescents and adolescent parents. In achieving such coordination, the Secretary shall—

(1) require grantees who receive grants for services under this title to report periodically to the Secretary concerning Federal, State, and local policies and programs that interfere with the delivery of and coordination of pregnancy prevention services and other programs of care for pregnant adolescents and adolescent parents;

(2) provide technical assistance to facilitate coordination by State and local recipients of federal assistance;

(3) give priority in the provision of funds, where appropriate, to applicants using single or coordinated grant applications for multiple programs; and

(4) give priority, where appropriate, to the provision of funds under Federal programs administered by the Secretary (other than the program established by this title) to programs providing comprehensive prevention services and comprehensive programs of care for pregnant adolescents and adolescent parents.

(b) Other Recipients.—Any recipient of a grant for services under this title shall coordinate its activities with any other recipient of such a grant that is located in the same locality.

GRANTS FOR RESEARCH

Sec. 2008. (a) In General.—

(1) Authorization.—The Secretary may make grants to public agencies or nonprofit private organizations or institutions of higher education to support the research and dissemination activities described in paragraphs (4), (5), and (6) of section 2001(b).

(2) Duration.—The Secretary may make grants or enter into contracts under this section for a period of 1 year. A grant or contract under this section for a program may be renewed for 4 additional 1-year periods, which need not be consecutive.

(3) Amount limitation.—A grant or contract for any 1-year period under this section may not exceed $100,000 for the direct costs of conducting research or dissemination activities under this section and may include such additional amounts for the indirect costs of conducting such activities as the Secretary determines appropriate. The Secretary may waive the preceding sentence with respect to a specific program if the Secretary determines that—

(A) exceptional circumstances warrant such waiver and that the program will have national impact;

(B) additional amounts are necessary for the direct costs of conducting limited programs for the provision of necessary services in order to provide data for research carried out under this title; or

(C) several grantees together require more than $100,000 to evaluate the effectiveness of different combinations of

services, and if such grantees demonstrate evidence of reasonable progress in the first year, such multisite evaluation studies shall receive preference for funding renewal.

(4) CARRYOVER FOR REPORT.—The amount of any grant or contract made under this section may remain available for obligation or expenditure after the close of the 1-year period for which such grant or contract is made in order to assist the recipient in preparing the report required by subsection (f)(1).

(b) USE OF FUNDS.—

(1) IN GENERAL.—Funds provided for research under this section may be used for descriptive or explanatory surveys, evaluation studies, longitudinal studies, or limited programs for services that are for the purpose of increasing knowledge and understanding of the matters described in paragraphs (4) and (5) of section 2001(b).

(2) LIMITATIONS.—Funds provided under this section may not be used for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than minor remodeling) of any building or facility.

(c) PREREQUISITES.—The Secretary may not make any grant or enter into any contract to support research or dissemination activities under this section unless—

(1) The Secretary has received an application for such grant or contract that is in such form and that contains such information as the Secretary may by regulation require;

(2) the applicant has demonstrated that the applicant is capable of conducting one or more of the types of research or dissemination activities described in paragraph (4), (5), or (6) of section 2001(b); and

(3) in the case of an application for a research program, the panel established by subsection (e)(2) has determined that the program is of scientific merit.

(d) COORDINATION.—The Secretary shall coordinate research and dissemination activities carried out under this section with research and dissemination activities carried out by the National Institutes of Health.

(e) REVIEW OF APPLICATIONS.—

(1) SYSTEM.—The Secretary shall establish a system for the review of applications for grants and contracts under this section. Such system shall be substantially similar to the system for scientific peer review of the National Institutes of Health and shall meet the requirements of paragraphs (2) and (3).

(2) PANEL.—

(A) ESTABLISHMENT.—In establishing the system required by paragraph (1), the Secretary shall establish a panel to review applications under this section.

(B) EXPERTISE.—Panel members should have expertise in research and evaluation and should represent disciplines relevant to the study of adolescent pregnancy and parenting.

(C) LIMIT ON PHYSICIANS.—Not more than 25 percent of the members of the panel shall be physicians.

(D) MEETINGS.—The panel shall meet as often as may be necessary to facilitate the expeditious review of applications under this section, but not less than once each year.

(E) REVIEW.—The panel shall review each program for which an application is made under this section, evaluate the scientific merit of the program, determine whether the program is of scientific merit, and make recommendations to the Secretary concerning whether the application for the program should be approved.

(3) GRANT DETERMINATION.—The Secretary shall make grants under this section from among the programs that the panel estabished by paragraph (2) has determined to be of scientific merit and may only approve an application for a program if the panel has made such determination with respect to such a program. The Secretary shall make a determination with respect to an application within 1 month after receiving the determinations and recommendations of such panel with respect to the application.

(f) REPORTS.—

(1) RESEARCH REPORTS.—

(A) IN GENERAL.—The recipient of a grant or contract for a research program under this section shall prepare and transmit to the Secretary a report describing the results and conclusions of such research. Except as provided in subparagraph (B), such report shall be transmitted to the Secretary not later than 12 months after the end of the year for which funds are provided under this section. The recipient may utilize reprints of articles published or accepted for publication in professional journals to supplement or replace such report if the research contained in such articles was supported under this section during the year for which the report is required.

(B) MULTIYEAR PROGRAMS.—In the case of any research program for which assistance is provided under this section for 2 or more consecutive 1-year periods, the recipient of such assistance shall prepare and transmit the report required by subparagrah (A) to the Secretary not later than 12 months after the end of each 1-year period for which such funding is provided.

(2) OTHER REPORTS.—Recipients of grants and contracts for dissemination under this section shall submit to the Secretary such reports as the Secretary determines appropriate.

EVALUATION

SEC. 2009. Of the funds appropriated under this title, the Secretary shall reserve not less than 1 percent and not more than 3 percent for the evaluation of activities carried out under this title. The Secretary shall submit to the appropriate committees of Congress a summary of each evaluation conducted under this section and a summary of the data reported by grantees under section 2006(c).

AUTHORIZATION OF APPROPRIATIONS

SEC. 2010. (a) IN GENERAL.—For the purpose of carrying out this title, there are authorized to be appropriate [$60,000,000] *$30,000,000* for each of the fiscal years 1990 through 1992.

(b) GRANTS FOR SERVICES.—At least two-thirds of the amounts appropriated to carry out this title shall be used to make grants for services.

(c) PREVENTION SERVICES.—Not more than one-third of the amounts specified under subsection (b) for use for grants for services shall be used for grants for prevention services.

FUND RESTRICTION

SEC. 2011. No funds for grants made under this title may be used for payment for the performance of an abortion.

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